

Sagaing earthquake in Myanmar

Date: 3 April 2025

Public health situation analysis (PHSA)

Initiated by: ☐ Country Office ☒ Regional Office ☐ HQ

Typologies of emergency	Main health threats	WHO grade	INFORM (2025)
 Earthquake	- Trauma and injuries - Mental health	Grade 3	INFORM risk
 Conflict	- Cholera and water-borne diseases - Vaccine-preventable diseases	Sagaing earthquake in Myanmar	7.2/ 10 (Very high)
 Food security	- Vector-borne diseases - Malnutrition/child health		Global risk ranking
 Displacement	- Maternal and neonatal care - Sexual and reproductive health	Protracted 3 Myanmar	11 out of 191 countries
 Epidemics	- Adolescent health - Tuberculosis	Humanitarian Emergency	
 Access challenges	Environmental hazards		

Summary of crisis and key findings

On 28 March 2025 two powerful earthquakes struck central Myanmar's Sagaing Region near Mandalay. The first, with a magnitude of 7.7 on the Richter Scale (RS), occurred at 12:50, followed by a second of magnitude 6.4 at 13:02 (local time). The earthquakes occurred along the Sagaing Fault at a shallow depth of around 10 km where lies one of the world's longest and most active strike-slip fault lines (WHO, 2025). Both earthquakes were followed by several aftershocks reaching up to a magnitude of 6.6.

The full scale of damage, deaths and injuries has not yet been fully ascertained. On 2 April 2025, the State Administration Council (SAC) reported that 3003 people have died and 4515 have been injured. On the same day, the local media reported higher numbers. Preliminary assessments indicate high numbers of casualties and trauma-related injuries, with urgent need for emergency care. Earthquake-related displacement, limited access to safe water and food, overcrowded displaced populations, low vaccination coverage, poor sanitation, inadequate disease prevention measures and potential movement of rodents into urban areas increases the likelihood of disease outbreaks. Mental health challenges and heat strokes are also major concern.

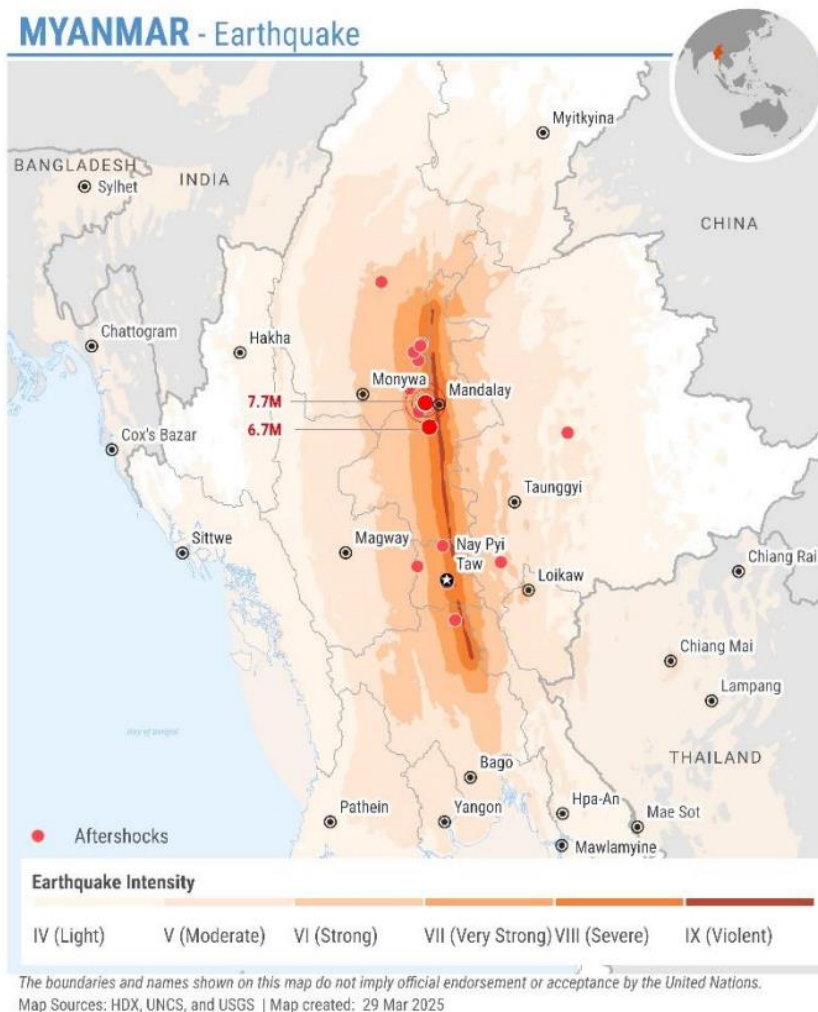
The worst affected areas are Mandalay, Sagaing and Nay Pyi Taw, followed by Bago, Magway, Shan South and East. The earthquakes caused widespread destruction across central Myanmar. Critical infrastructure — including health facilities, road networks, and bridges — has been severely damaged.i Electricity and water supplies remain disrupted, worsening access to health services and heightening risks of waterborne and foodborne disease outbreaks (WHO, 2025).

The epicentre of the earthquake is close to Sagaing Township in Sagaing Region. This region is home to approximately one third of the country's internally displaced population, many of whom were already enduring critical shortages in water, sanitation and hygiene (WASH) needs, and lacked adequate shelter from before the earthquake struck.

This earthquake has struck amid an already dire humanitarian context marked by widespread displacement, fragile health systems, and disease outbreaks following the February 2021 takeover. Prior to the earthquake, 19.9 million people in Myanmar required humanitarian assistance, including 12.9 million who were in need of health services.ii.

This is the initial PHSA for the Sagaing earthquake in Myanmar, based on initial information available. The PHSA will be updated as more information becomes available.

Figure 1: Map of the affected area in Myanmar (OCHA, 2025a)



Humanitarian profile



19.9 million
(Target: 5.5 million)

Population in need of humanitarian assistance



12.9 million
(Target: 2.4 million)

People in need of humanitarian health assistance



3,003
(2 April 2025)

Deaths reported due to the earthquake



4,515
(2 April 2025)

Injured Reported due to the earthquake



Four million

Number of internally displaced persons (IDPs)



15.2 million

Number of people facing acute food insecurity

1.5 million

Refugees

Sources: State Administration Council for the deaths and injuries; 2025 Humanitarian Need and Response Plan for others.

Health status and threats

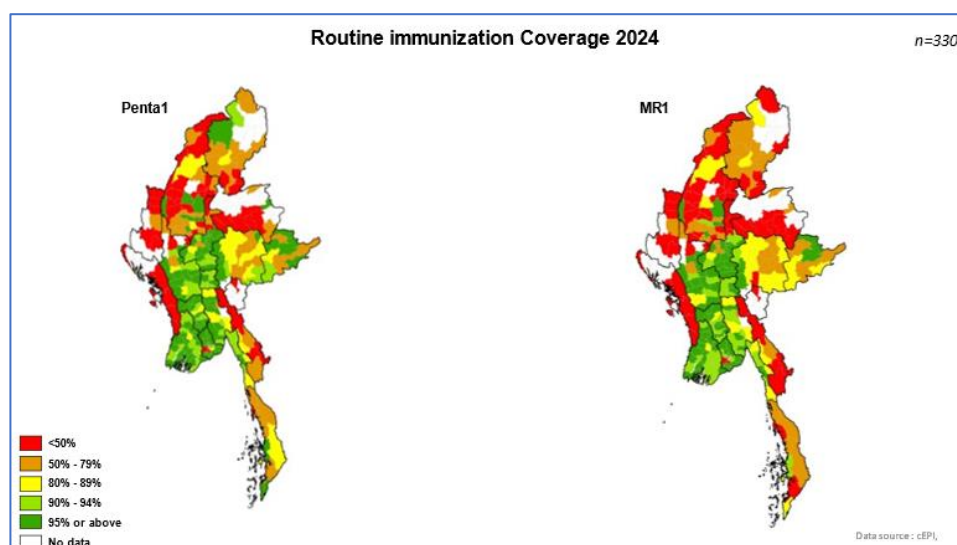
Population mortality

In Myanmar, life expectancy at birth (years) has improved by 8.47 years from 59.4 [58.6 - 60.2] years in 2000 to 67.8 [67 - 68.7] years in 2021.ⁱⁱⁱ As of 2021, the leading causes of mortality in Myanmar were stroke, ischemic heart disease and tuberculosis (TB) (WHO, 2024). The under-five mortality rate (U5MR) is 40 per 1000 live births, with diarrheal diseases as the leading cause, and over 50% of deaths occurring in the neonatal period (UN IGME, 2023). However, recording and reporting have been significantly affected since the state of emergency, and data are not available on how the ongoing conflict is affecting mortality.

Mortality indicators		Year
Life expectancy at birth	67.8 ^{iv}	2021
Infant mortality rate (deaths <1 year per 1000 births)	32 ^v	2022
Child mortality rate (deaths <5 years per 1000 births)	40	2022
Neonatal mortality rate (Deaths per 1000 live births)	21	2022

Immunization coverage in Myanmar experienced a significant decline in 2021, with rates dropping to below 50% for all antigens, ranging from 7% to 48% (WHO, 2024). However, since 2022, concerted efforts have been made to strengthen routine immunization through initiatives such as the "Big Catch-Up" campaign and targeted Oral Polio Vaccine (OPV) vaccinations in high-risk regions. These interventions have yielded substantial improvements. By 2024, Pentavalent 1 (Penta 1) coverage had risen to 75%, while Measles-Rubella 1 (MR1) coverage reached 71%.

Figure 2. Routine immunization coverage in Myanmar, 2024



The vaccination coverage data for the three earthquake highly-affected regions — Mandalay, Sagaing and Nay Pyi Taw — is illustrated in the maps below. Figure 3 highlights the Pentavalent 1 (Penta 1) vaccine coverage in selected regions of Myanmar for 2024. In Mandalay, 23 out of 28 townships achieved coverage above 90%, with only five reporting less than 90%. In contrast, Nay Pyi Taw demonstrated high coverage, with seven out of eight townships exceeding 95%, except for Lewe. The Sagaing Region faced significant challenges, with only six out of 37 townships achieving coverage above 90%, and 17 townships reporting coverage below 50%, indicating substantial immunity gaps and accumulated susceptible populations.

Figure 4 illustrates the Measles-Rubella 1 (MR1) vaccine coverage across selected regions of Myanmar in 2024. In Nay Pyi Taw, all townships except one achieved MR1 coverage above 90%. Mandalay performed strongly, with 21 townships reporting coverage above 90%. However, the Sagaing Region faced significant challenges, with only 5 out of 37

townships achieving coverage above 90%, while 22 townships reported less than 50% coverage, highlighting substantial immunity gaps and a high number of susceptible individuals. This data emphasizes regional disparities in MR1 vaccine coverage, with Nay Pyi Taw and Mandalay showing higher immunization rates compared with the Sagaing Region.

Figure 3. Pentavalent 1 (Penta 1) vaccine coverage in selected regions of Myanmar in 2024

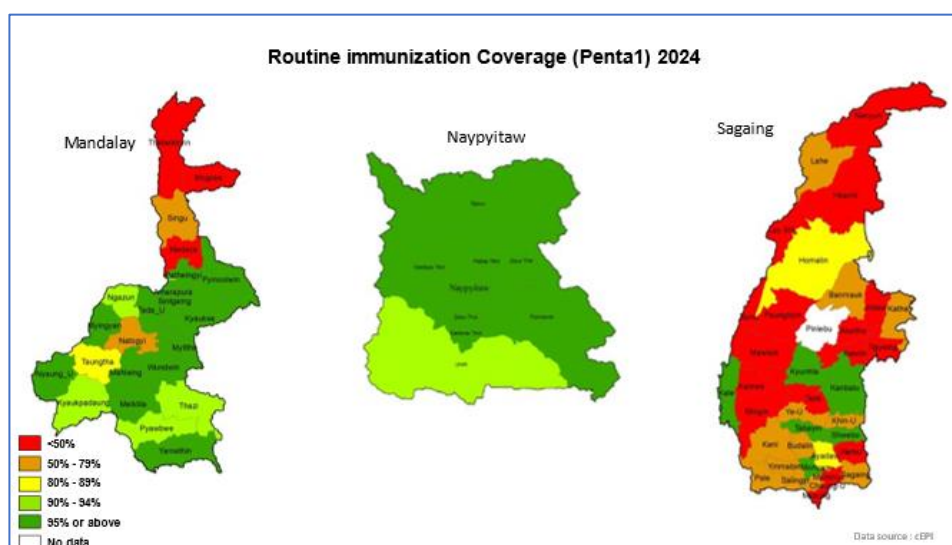
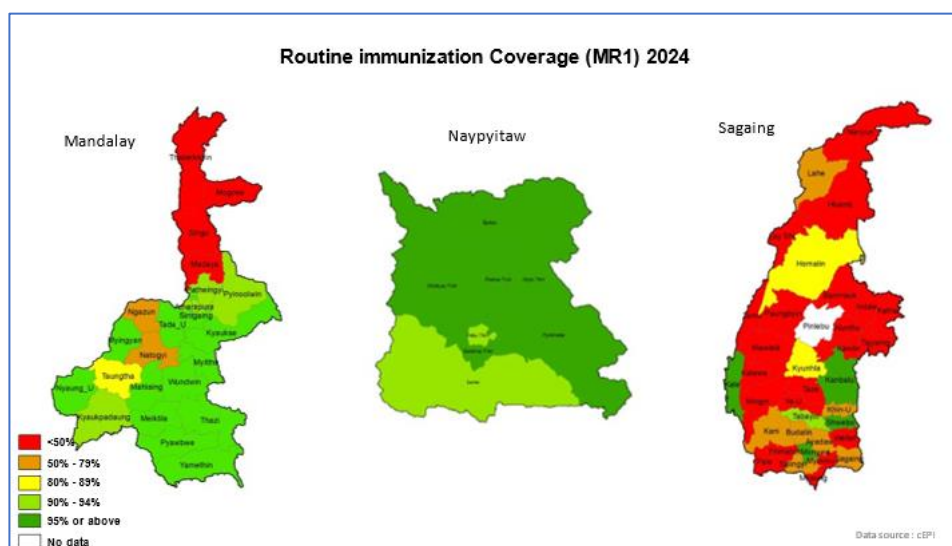


Figure 4. Measles-rubella 1 (MR1) vaccine coverage across selected regions of Myanmar in 2024



Disease surveillance/early warning, alert and response capacity

Over the past years, following the February 2021 take over, the surveillance and outbreak response systems have become increasingly fragmented and are non-existent in some areas. While the State Administration Council Ministry of Health (SAC-MoH) continues to run surveillance for priority communicable diseases, such as Vaccine-Preventable Diseases (VPDs), HIV, Tuberculosis (TB), malaria and dengue, these systems do not reach the non-SAC-controlled areas. In Rakhine and Kachin, an early warning surveillance and response system (EWARS) is implemented with support from health cluster partners (mostly syndromic), for which a limited number of health services provide routine reports. Moreover, access to laboratory diagnosis is extremely limited outside of SAC-controlled areas, making disease confirmation impossible or possible only after significant delay.

Beyond the destruction of health-care facilities, the earthquake's impact extended to the laboratories, especially the Center of Disease Control in Nay Pyi Taw and the Mandalay Public Health Laboratory. The damage to and loss of critical infrastructure and equipment posed significant challenges to conducting essential laboratory testing.

The capacity to detect and investigate signals is limited, and complex security and political landscapes make public health response operations to control transmission and care for those affected very challenging. Disease surveillance gaps in Myanmar, combined with the low immunization coverage, pose major health security threats to its population.

Priority health threats

Table 1 summarizes the current analysis of the magnitude of public health risks impacting the crisis-affected population grouped into major disease types. Changes in the projected magnitude of these problems are also shown; these assume that the humanitarian health response (availability, coverage and quality) remains unchanged from its current status.

Table 1. Magnitude of expected health threats and their estimated evolution over the coming months

Public health risk	Level of risk		Rationale
	Apr–June 2025	July–Sept 2025	
Trauma and injuries			The combination of earthquake-related structural damage and ongoing armed conflict significantly increases the risk of violence and injury among affected populations.
Mental health			The earthquake exacerbates the mental health challenges because of its sudden and traumatic nature, leading to widespread disruption and amplifying feelings of fragility in an already vulnerable setting.
Cholera & water-borne diseases			Mandalay's prior cholera outbreak, combined with earthquake's impact on WASH infrastructure and limited access to safe water.
Vaccine-preventable diseases (e.g. measles, polio, diphtheria)			Immunization coverage has been very low in Sagaing and some townships in Mandalay, posing high risk of VPD outbreaks. Tetanus may also increase as heightened exposure to soils following the earthquake.
Vector-borne diseases (e.g., malaria, dengue)			<u>Malaria</u> : limited/no access to diagnostic, treatment and prevention commodities and services will likely increase the risk in rural areas. <u>Dengue</u> : highest risk in urban/peri-urban areas. Limited healthcare access hampers early diagnosis and treatment, increasing severe cases.
Other epidemic-prone and endemic diseases			Earthquake-related displacement, limited access to safe water and food, overcrowded displaced populations, poor sanitation, inadequate disease prevention measures and potential movement of rodents into urban areas increases the likelihood of water-borne, vector-borne, and airborne disease transmission and risk of plague re-emergence. Incidence of skin diseases is very likely increase.
Malnutrition and child health			Disrupted food supply chains cause shortages and increase malnutrition risk among children. Infrastructure damage potentially contaminates water supplies and raises the risk of waterborne diseases such as diarrhea, especially for malnourished children.
Maternal and neonatal care			Many health facilities were damaged, limiting essential maternal and neonatal care services. This lack of access to skilled birth attendants and emergency obstetric care can increase maternal and neonatal mortality.
Sexual and reproductive health			Damage to health-care facilities has limited access to contraceptives, increasing unintended pregnancies and abortions. It also raises the risk of STIs due to lack of preventive measures such as condoms.
Adolescent health			Adolescents and youths may experience heightened levels of stress, anxiety, and trauma due to the earthquake and its aftermath.
Tuberculosis			Transmission of TB is likely to increase due to displacements leading to delayed diagnosis and treatment disruption; nutrition insecurity is likely to increase vulnerability to diseases; overcrowded living conditions of displaced populations leading to increased transmission.
HIV and viral hepatitis (e.g., hepatitis B, hepatitis C)			Significant damage to health infrastructures will result in disruption of HIV, hepatitis and STIs services especially prevention/harm reduction services even with continued efforts to maintain HIV treatment.
Environmental hazards			Hot weather and limited access to safe water may lead to heat strokes. Older buildings that have collapsed pose high asbestos exposure risk.
Noncommunicable diseases (NCDs)			High prevalence of NCDs in the population, combined with disruption in the health system since the pandemic and the political instability. Current difficulties with humanitarian aid delivery access affecting continuity of essential drug supply, access to diagnosis and treatment, overall disruption in NCDs prevention and care activities.

Red: Very high risk. Could result in high levels of excess mortality/morbidity
Orange: High risk. Could result in considerable levels of excess mortality/morbidity
Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity
Green: Low risk. Will very probably not result in any excess mortality/morbidity

Trauma and injury

The earthquake has significantly increased trauma cases, overwhelming already strained health-care facilities. Limited access to emergency care, surgical interventions and rehabilitation services poses a severe risk to survivors. The high patient influx and resource constraints challenge timely care. The urgent need for medical supplies, surgical teams, is critical to managing physical and psychological trauma.

In addition, the population faces additional challenges due to landmine and explosive remnants, and conflict-related deaths, trauma and injuries. During the first nine months of 2024, as per recent monitoring data from the United Nations Children's Fund (UNICEF) on landmine and explosive remnants of war (ERW) incidents, a total of 889 casualties have been reported nationwide (UNICEF, 2024). Between February 2021 and 3 April 2025, 451 attacks on health care have been documented in the WHO Surveillance System for Attacks on Health Care, resulting in 81 deaths and 272 injuries, placing Myanmar third on the global list for such incidents (WHO 2025a).

Mental health and psychosocial support

Although data regarding mental health in Myanmar is limited, data available prior to the earthquake indicated a relatively high prevalence of mental distress and other mental health conditions. The conflict, the COVID-19 pandemic, and the economic collapse have been major contributors to high levels of probable post-traumatic stress disorder (PTSD) and widespread anxiety; 34.9% of adults reported a probable mental health disorder during these crises.

The earthquake will likely exacerbate the mental health burden because of its sudden and traumatic nature and widespread disruption and will amplify feelings of fragility in an already vulnerable setting. Moreover, children are particularly at risk of physical injury, emotional trauma, family separation and increased instability. Witnessing human loss and destruction has both immediate and long-term effects. Following disasters, children are increasingly exposed to risks such as exploitation, abuse and neglect, particularly in overcrowded or unsafe living conditions such as shelters.

In Myanmar, the mental health system has historically been underdeveloped, with limited in-person mental health and psychosocial support (MHPSS) services available even before the earthquakes. Consequently, the population has largely depended on online services provided by private and nongovernmental organizations for mental health support.

The economic downturn due to the political crisis and COVID-19 has further exacerbated the situation, rendering mental health services, including counselling, unaffordable for many. Even when services are offered free of charge, access remains hindered by the necessity of having a mobile phone or computer, reliable electricity, and stable telecommunication or internet connectivity. Additionally, the scarcity of qualified mental health professionals, such as psychologists and psychiatrists, coupled with the pervasive stigma surrounding mental health issues further impedes the public's access to quality mental health services.

The psychological toll of the earthquakes is expected to be long-lasting, as the affected individuals continue to grapple with the aftermath as well as the fear of potential aftershocks. Therefore, sustained mental health and psychosocial support to recover and rebuild their lives is required.

In addition to the affected population, health-care providers including frontline responders, ambulance workers and rescue team members may need mental health and psychosocial supports to protect themselves from distress, burnouts, compassion fatigues and mental trauma including vicarious or secondary mental trauma.

Cholera and other waterborne diseases

Acute watery diarrhoea (AWD)/cholera

Since July 2024, acute watery diarrhoea (AWD)/cholera have affected increasing areas of Myanmar, with at least nine states/regions reporting to date (Ayeyarwady, Bago, Kayin, Magway, Mandalay, Mon, Rakhine, Tanintharyi and Yangon) (OCHA, 2024). Some of AWD cases were laboratory-confirmed as cholera infection. During this period, a total of 52 AWD outbreaks (all events were not confirmed as cholera) were reported in 13 states/regions. According to the SAC MOH, from 22 June 2024 to 23 March 2025, a total of 12 195 AWD cases (not confirmed as cholera) were reported across nine states/regions, and three deaths among AWD patients were also reported (cause of death not ascertained). According to informal sources, cholera/AWD-related deaths have been reported in multiple states/regions. There is limited data available on the treatment of severe cases, including cholera treatment centres (CTCs) and cholera treatment units (CTUs), which limit the understanding of mortality. Conflict, weak surveillance systems, and poor WASH access have contributed to sustained transmission of AWD/cholera.

A reactive vaccination campaign using oral cholera vaccine (OCV) has been carried out in Yangon region, Mon state and Mandalay state, with 2.4 million vaccines. However, the limited acknowledgement of cholera as a causative agent limits risk communication and health promotion efforts among at-risk communities.

Mandalay, which experienced a cholera outbreak in October 2024, remains at high risk for renewed outbreaks following the earthquake. The destruction of WASH infrastructure has further limited access to safe water, especially among displaced populations. These deteriorating conditions, combined with overcrowded temporary shelters and reduced sanitation services, significantly increase the risk of cholera and other waterborne disease outbreaks in the affected areas.

In the earthquake-affected areas, with limited access to safe water and worsening sanitation and hygiene conditions, the risks for AWD/cholera outbreak are assessed very high. Damage to health infrastructure and overcrowding of hospitals could impact management of severe cases leading to potential increase in mortality due to communicable diseases including AWD/cholera.

Other waterborne diseases

In the earthquake-affected areas, access to safe water and sanitation and hygiene conditions deteriorates. The risks for other waterborne diseases, including typhoid and hepatitis A and E are heightened.

Vaccine-preventable diseases

Prior to the earthquake, only 30%–40% of townships, which account for 75% of the population, were accessing vaccines provided by the United Nations and other international organizations and covered by the VPD surveillance system managed by the SAC-MoH. Those living in non-SAC-controlled areas are neither receiving vaccines from the national immunization programme, nor are covered by VPD surveillance. The sensitivity of the VPD surveillance system deteriorated at all levels during the pandemic and the current political situation has further limited the availability of reliable data for routine immunization. The decline in VPD surveillance activities has impacted early notification and timely response to VPD outbreaks, especially in non-SAC areas, where the impact is most severe.

In 2024, Myanmar reported 266 suspected measles and rubella cases with 30 of them being laboratory-confirmed, including a major outbreak in Yangon. Additionally, there were 32 lab-confirmed diphtheria cases, 28 pertussis cases, and 19 Japanese encephalitis cases. These figures underscore the need for enhanced public health interventions. Among the affected areas, the following number of cases were reported in 2024: Diphtheria was reported in Mandalay (seven cases), Nay Pyi Taw (one case) and Sagaing (three cases); measles in Nay Pyi Taw (two cases) and Sagaing (two cases); and 22 acute flaccid paralysis (AFP) cases reported across Mandalay, Sagaing, and Nay Pyi Taw.

A large proportion of the worst-affected areas of the earthquake in Mandalay and Sagaing are in non-SAC-controlled areas or conflict areas, and there are a substantial number of children receiving zero-dose vaccinations. Routine

immunization coverage in these areas, particularly Sagiang and Mandalay, with an estimated 50 000 zero-dose children has created a high-risk environment for VPD outbreaks. The vulnerability for VDP outbreaks is considered very high in the earthquake-affected areas. Administering tetanus prophylaxis to all injured individuals, conducting a targeted measles-rubella (MR) vaccination campaign for displaced populations and those in shelters and rehabilitation centres, strengthening VPDs surveillance systems for early detection and response, and strengthening routine immunization activities with periodic catch-up to find zero-dose children and dropped-out children would be required.

Vector-borne diseases

Malaria

Over 38 million people, approximately 70% of the population, are at risk for malaria and 291 townships are endemic for malaria. The majority of cases are detected in 52 townships, many of which are conflict-affected areas along the international borders. Mobile and migrant populations, which account for 7% of the total population, internally displaced persons (IDPs), and people who live in hard-to-reach areas are the most vulnerable.

In 2023, a total of 228 567 confirmed cases of malaria, predominately *P. vivax* cases, were reported. The peak season is typically in June–August and coincides with the monsoon season (WHO, 2023a). Internal data up to June 2024 indicate a similar seasonal trend, with a lower number of reported cases compared to the same period in 2023. The target of the National Strategic Plan for 2021–2026 is to achieve zero indigenous *P. falciparum* malaria cases by 2026 and reduce morbidity due to all species of malaria by 67% relative to the 2021 baseline figure. However, it is unlikely that these targets will be achieved based on the current trajectory.

The earthquake likely increase the risks for malaria. With the collapse of houses and other buildings, many people are forced to sleep outside, thus increasing exposure risk to outdoor biting in malaria receptive areas, and access to prevention commodities, such as bed-nets likely become even more challenging. Supply of diagnostics and medicines may also be hampered by impact of earthquakes, with Sagaing may face greater challenges. Gaps in vector control, such as reduced distribution of insecticide-treated nets and spraying, leave vulnerable communities at risk.

Dengue

Dengue is endemic in Myanmar and, like malaria, sees a seasonal peak in the middle of the year. In the first three quarters of 2024, a total of 5061 cases, including 13 deaths, were reported compared with 16 207 cases in entirety of 2023 (WHO, 2024d). Response efforts for both dengue and malaria, including vector control practices and distribution of bed nets, have been directly impacted by the ongoing conflict, thereby increasing the risk of further outbreaks.

Myanmar is approaching its monsoon season. Earthquake may further divert the efforts for vector controls, including efforts to clean up breeding sites for mosquitoes. Overcrowding in the shelters or IDPs and poor waste management may further compound the situation. Lack of or interruption of water supply may cause affected populations to resort to water storage practices through containers and other receptacles that promote mosquito breeding. Limited health-care access hampers early diagnosis and treatment, increasing severe cases. Damaged infrastructure weakens disease surveillance and outbreak response.

Other epidemic-prone and endemic diseases

The earthquake may trigger movement of rodents into the urban areas, which may lead to a possible re-emergence of plague.

The earthquake may worsen the existing high burden of endemic diseases such as lymphatic filariasis, leptospirosis, rickettsioses, and rabies due to disrupted health care and surveillance. With limited access to clean waters, skin infections may cause greater morbidities, such as scrub typhus and scabies.

Progress in filariasis control is impeded by political instability, while leptospirosis and rickettsioses are considered endemic in some areas and likely underreported. Postexposure prophylaxis (PEP) for rabies is reportedly available in

the major cities under SAC-controlled areas, with over 500 000 treatments yearly (GARC, 2024). However, cases show an increasing trend, due to limited resources and constrained control measures.

Malnutrition and child health

Myanmar has long grappled with significant malnutrition challenges, even before the recent conflict and natural disaster. Acute food insecurity is at critically high levels in various parts of the country, with 27% of households reporting challenges with accessing food (World Bank, 2024). In March 2024, it was estimated that the cost of a healthy diet increased by 29% from the previous year, with the increase being even higher in conflict-affected areas such as Rakhine, Chin, Kaya, and Shan states (the cost of a healthy diet in Rakhine was 60% higher than the national average), driven in large part by price increases of staple foods (IFPRI, 2024). According to the global malnutrition estimates in 2023, stunting among under-five children in Myanmar reduced from 31.1% in 2012 to 24.1% in 2022 but revised estimates are needed, given the evolving situation in the country (WHO, 2024c).

The earthquake caused extensive damage across central Myanmar, including Mandalay, Nay Pyi Taw, Sagaing, Bago Regions, and Shan State. Many homes, schools, hospitals and critical infrastructure have been destroyed. Children are among the most affected, facing heightened risks of injury, trauma, and separation from their families.

In Myanmar, the majority of the rural population depending on farming and livestock for their income and livelihoods. For communities relying on livestock, the destruction of agricultural land and loss of livestock can have significant economic and nutritional consequences, exacerbating malnutrition and food insecurity. On top of that, the lack of access to clean water and sanitation facilities increases the risk of infectious diseases, such as diarrhea, particularly in children. The disruption of healthcare services further limits access to treatment for malnutrition and other health issues among children.

Maternal and neonatal care

The maternal mortality ratio had dropped by 52% (from 371 to 179 maternal deaths per 100 000 live births), with a 3.7% annual rate of reduction between 2000 and 2020 (WHO, 2023). Similarly, the under-five mortality rate (U5MR) and the neonatal mortality rate had decreased by 63% (from 115 to 40 per 1000 live births) and 54% (from 48 to 21 per 1 000 live births), respectively, between 1990 and 2022 (UN IGME, 2023). Given the ongoing service interruptions, the availability and accessibility of maternal and neonatal services are of concern. However, relevant recent data on maternal and neonatal care are not available.

Even before the earthquake, health care services in the Region faced operational constraints. The disaster will likely intensify these challenges, with many health facilities either destroyed or severely damaged in affected areas. Landslides and collapsed roads have isolated communities, cutting off electricity and mobile connectivity, which obstructs access to essential health-care services, especially for maternal and neonatal care.

Women, particularly those who are pregnant or have recently given birth, and newborns are among the most vulnerable. The disruption of health-care services increases the risk of complications during pregnancy and childbirth, leading to higher maternal mortality and morbidity. Newborns are at heightened risk due to the lack of access to neonatal intensive care units (NICUs) and essential medical supplies, potentially increasing neonatal mortality rates. While the lack of clean water and sanitation facilities raises the risk of infectious diseases for pregnant women and newborns, the trauma from the earthquake and the loss of loved ones can have long-term psychological effects on mothers and children, affecting perinatal mental health and well-being.

Sexual and reproductive health

Sexual and reproductive health-related data remain limited since 2021. Access to antenatal, delivery, postnatal care as well as family planning is challenging, particularly in conflict-affected areas, and reliance is on the private sector and community-based organizations. Access is limited to contraceptives and contraceptive devices as well as other medicines, medical supplies, and equipment for maternal, child and sexual health, increasing the risk of unwanted

pregnancies and unsafe abortions. Widespread gender-based violence (GBV) in Myanmar contributes to significant health challenges and perpetuates social and health inequalities for women and girls.

Since the earthquake has caused extensive damage to health facilities, coupled with displacement and isolation due to landslides and collapsed roads, it is difficult to access sexual and reproductive health services by women and girls who need them. The supply chain disruptions may further limit access to contraceptives, increasing the risk of unwanted pregnancies and unsafe abortions.

Tuberculosis (TB)

Tuberculosis is a major public health problem in Myanmar and one of the leading causes of mortality. As per the Global TB Report 2024, the estimated TB incidence was 558 (328–824) per 100 000 population in 2023, an increase from 475 (312–675) per 100 000 population in 2022. In 2023, there were an estimated 302 000 (178 000–446 000) incident TB cases, including an estimated 20 000 people with TB living with HIV (12 000–30 000). In 2023, 2628 multidrug-resistant (MDR-TB) cases were notified (52% of target). An estimated 49 300 TB deaths occurred in 2023. Treatment coverage is low, with an estimated 43% of new and relapse TB cases placed on treatment (WHO, 2024f), with inequitable access to TB treatment throughout the country.

Following the earthquake, transmission of TB is likely to increase as displacements could lead to delayed diagnosis and treatment disruptions due to limited access to health services, and nutrition insecurity is likely to increase vulnerability and breakdown of infection to diseases. The vulnerabilities are likely to be higher among women and children; and overcrowded living conditions of displaced populations would increase transmission.

HIV

Myanmar has the second-highest HIV prevalence among adults 15–49 years (0.9%) in the WHO South-East Asia Region, with an estimated 280 000 people living with HIV (PLHIV). In 2023, there were an estimated 10 000 new infections and 6400 AIDS-related deaths (UNAIDS, 2024). Approximately 74% of PLHIV were reportedly accessing antiretroviral therapy (ART) as of December 2024; however, service interruptions, particularly in conflict-affected and hard-to-reach areas, threaten continuity of treatment and access to harm reduction services and potential massive emergence of HIV drug resistance.

Significant damage to health infrastructure has been reported, including ART centres, methadone clinics and key population service centres in Sagaing, Mandalay and Nay Pyi Taw. Temporary clinics spaces and alternative service delivery points were arranged to continue the essential services such as ART and opioid agonist maintenance therapy. Yet, clients may face challenges in accessing services due to the earthquake ruins. HIV prevention and harm reduction services are also impacted.

Environmental hazards

Hot weather and limited access to safe water may lead to high incidence of heat strokes. Exposure to soils and dust may lead to various health consequences. Older buildings that have collapsed pose high asbestos exposure risk.

Noncommunicable diseases (NCDs)

According to the latest available WHO NCD country profile for Myanmar, four major NCDs are estimated to account for 71% of all deaths, with a proportional mortality of 31% for cardiovascular diseases, 13% for cancers, 10% for chronic respiratory diseases and 6% for diabetes (WHO, 2020). Deaths due to NCDs are expected to increase by 21% over the next decade if effective prevention and control measures are not undertaken.

The earthquake is exacerbating the existing challenges in managing NCDs due to disrupted healthcare services and medication shortages. Limited access to essential treatments for hypertension, diabetes and cardiovascular diseases poses a serious risk. Strained health systems could lead to gaps in care. Immediate interventions are needed to ensure continuity of treatment and prevent complications.

Along with the current humanitarian crisis emerging from the severe earthquake and conflict situation at impacted regions, many NCDs prevention and care activities carried out by the public and private sector were disrupted. In community-based settings, hypertension and diabetes clinics (Wednesday NCD Clinic) could not be opened for NCD services at public health facilities from severely affected areas.

The earthquake resulted in damages to some hospitals and created a shortage of the health workforce, leading to a severe impact on the already limited services from public hospitals including outpatient services, inpatient services, emergency unit services, pre-hospital emergency care services, NCD diagnosis, treatment at hospital OPD clinics, treatment for mental health disorders, cancer diagnosis and treatment, dental services, rehabilitation services and 24-hour emergency room services for such emergencies as myocardial infarction, arrhythmia, stroke, diabetic ketoacidosis, asthma, chronic obstructive pulmonary disease, sepsis and serious injury.

The chaotic post-disaster environment, including displacement, can lead to changes in lifestyle, such as unhealthy eating patterns such as relying on processed foods, poor nutrition, decreased physical activity, and increased alcohol or tobacco use—risk factors that can worsen the burden of NCDs. Addressing these risk factors early on is crucial for minimizing the long-term health impact on affected populations.

Disability, Rehabilitation and Assistive Technology

Rehabilitation services have severely constrained capacity, particularly outside of major hospitals. Assistive Technology (AT) had limited access previously and have been provided by international NGOs traditionally with high out of pocket expenditure (OOPs). There is already high pre-existing need, according to a 2019 Myanmar Inter-Censal Survey, 12.8% of the population (estimated 5.9 million people) are living with disabilities in Myanmar. Large unmet pre-existing rehabilitation and AT needs although below activities were conducted at central level. Rapid Assistive Technology Assessment (rATA) Survey in 2020-2021 indicated that 29.4% of the population needed any type of Assistive Products (AP) for their daily activities and OOPs (67.5%) is the main funding source of AP causing a major barrier in access to AP.

Following the earthquake, there is an anticipation of greater shortage of specialized inpatient rehabilitation, community level services, assistive products and requires surge, demanding the supply of additional AT. needed.

Determinants of Health

Water, Sanitation and Hygiene (WASH)

According to data from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) in 2023, 57% of the population had access to safely managed drinking water and 61% of the population used safely managed sanitation services (JMP, 2023). Data are limited, but the ongoing outbreak of AWD, at least partially attributable to cholera, highlights ongoing WASH challenges. The monsoon season is associated with heightened risk of food- and waterborne diseases.

Prior to the earthquake, more than 6.9 million people are estimated requiring urgent water, sanitation, and hygiene assistance in 2025. The most critical WASH needs are concentrated in Rakhine, categorized as severity level 5, while Sagaing and southern Shan are at severity level 3. In remote border areas, IDPs and host communities face severe shortages of essential WASH items, often relying on costly imported goods from neighbouring countries.^{vi} The primary drivers of WASH needs are ongoing displacement, extensive flood damage, and deteriorating access to safe water and sanitation due to inflation and market disruptions (OCHA, 2024).

Access to safely managed drinking water and sanitation remains limited for much of the population, increasing vulnerability to disease. Physical damage to ecosystems and water systems, along with power shortages, further raises the risk of spread of communicable diseases such as AWD, cholera, dengue, leptospirosis, and other food- and waterborne diseases (WHO, 2025).

Natural Environment Events (including Extreme Weather Events) and Disasters

Myanmar ranks among the top three countries most affected by extreme weather events globally, according to the latest Global Climate Risk Index (OCHA, 2024). The country is highly vulnerable to climate shocks such as cyclones and monsoon floods. An estimated 28 million people live in districts with a high risk of flood exposure in at least a part of the district. Additionally, there is a risk of cyclones and major storms. The Ayeyarwady delta, the central dry zone and northern and eastern hill regions are most likely to experience drought, whereas Kayah and Shan are at the highest risk of the negative impact of severe drought.

The risk is significant, and there has been limited progress towards strengthening climate-resilient health systems. Vulnerability and adaptation assessments have not been conducted yet and the health-related National Adaptation Plan has not been finalized.

The earthquake has worsened environmental vulnerabilities, increasing risk of landslides and floods. Damaged ecosystems and deforestation heighten future disaster risks. Urgent resilience measures are needed.

Both the direct and indirect impact of flooding, through the significant risk of disease outbreaks such as AWD and cholera, are further exacerbating the hardships faced by vulnerable populations, highlighting the compounded impact of natural hazards and disasters on an already worsening humanitarian crisis.^{vii}

Displacement

Before the earthquake, the conflict had already driven people to flee their homes and livelihoods in record numbers. It is estimated that almost 3.5 million people across Myanmar are displaced, approximately one third of them children, and 253 000 are stateless persons in Rakhine State.^{viii} Only around 15% of IDPs are in sites and camps. Many displaced people remain in temporary shelters, informal camps or jungles, where they face severe shortages of food, clean water, protection assistance and health care.^{ix} More than 1.3 million people from Myanmar have sought refuge in neighbouring countries.

The earthquake will trigger the displacement of greater numbers of people into temporary shelters and IDP camps. The destruction of water and sanitation infrastructure will heighten the risk of communicable disease outbreaks. Vulnerability to respiratory infections, skin diseases, vector-borne diseases, and VPDs is escalating (OCHA, 2025).

Food security

Across Myanmar, 15.2 million people are facing acute food insecurity, desperately seeking the means to feed themselves and their families. Between the mid-2023 and 2024, Myanmar experienced a sharp rise in diet costs, with the cost of a healthy diet increasing by 40% and a common diet by 4% (OCHA, 2024). The situation is further exacerbated by disruptions to agricultural activities, with many households losing access to productive assets, farmland and essential inputs such as seeds and fertilizers. A total of 67% of rural households across Myanmar who were engaged in farming, reported production difficulties due to conflict, climatic disasters, and rising prices (OCHA, 2024). Earthquake will further compound the access to foods.

Conflict and humanitarian access

By March 2025, the conflict had affected 13 of Myanmar's 15 states and regions (ACAPS, 2025). Myanmar ranked as the second most conflict-ridden country globally in the first half of 2024. It also ranked as the fourth most dangerous country to live in for civilians, with 43% of the population exposed to conflict (OCHA, 2024). Since the February 2021 take over in February 2021, the conflict between the Myanmar Armed Forces (MAF) and various armed groups has directly impacted 12 out of 15 regions and states (OCHA, 2024). A new wave of fighting was ignited in October 2023 (OCHA, 2024).

Humanitarian actors in Myanmar continue to face a range of challenges to their operational capacity across all clusters, primarily pertaining to access, logistics, resources and security. While the deteriorating security situation does have an impact on presence, humanitarian partners do have the steadfast ability to deliver if funding is available using more remote modalities, including cash response (OCHA, 2024).

Risk of mines

The proliferation of landmines and explosive ordnance in Myanmar has reached a critical level, with incidents reported across all regions and states by the third quarter of 2024. In 2023, Myanmar also recorded the highest number of landmine and explosive ordnance casualties globally, ahead of Syria, Afghanistan and Ukraine, highlighting the widespread and devastating impact of landmine contamination and the urgent need for increased mine action effort to address this escalating crisis. Myanmar has not signed key international agreements, including the Anti-Personnel Mine Ban Convention, the Convention on Cluster Munitions, and the Convention on Certain Conventional Weapons (OCHA, 2024).

Gender-based violence

Within the humanitarian and protection crisis in Myanmar, widespread abuses affect women, men, girls and boys differently, with women suffering the most due to pre-existing gender and social inequalities, and discrimination. Earthquake may pose heightened risk of vulnerable people being exposed to gender-based violence, in the context of the ongoing humanitarian crisis.

Vulnerable groups

- Women and girls: The crisis has severely affected women and girls. Many have been forced to resort to negative coping mechanisms due to displacement, financial distress, and the lack of access to basic social services such as education and health care, including mental health care. This has only increased their vulnerability to violence, human trafficking, early or forced marriage, mental health disorders and sexual exploitation and sexual abuse.* Of the people in need in Myanmar in 2025, 52% are women and girls (OCHA, 2024).
- Children: In the aftermath of this disaster, immediate child protection needs evolve rapidly; risks will likely escalate over the following weeks and months. Overcrowded living conditions, loss of livelihoods, and negative coping mechanisms can lead to increased domestic violence, child marriage, child labour, and unsafe migration practices. Additionally, earthquakes can displace landmines and unexploded ordnance, shifting them into populated areas or

previously safe zones, heightening risks for affected communities and making explosive devices more unstable and prone to detonation (OCHA, 2025b).

- Older people and persons with disabilities: The combination of physical impairments and poor communication infrastructure have created additional barriers for persons with disabilities from having access to livelihoods, information and services, including education, protection services, food, non-food items (NFIs), and health care. Of the people in need in Myanmar in 2025, 13% are people with disabilities, and 12% are older people (aged 60+) (OCHA, 2024).

Health system status and local health system disruptions

Pre-crisis health system status

Various disruptions of the local health system continue to affect the delivery of preventive and curative health-care services.

Access to health care

The twin crises emerging from COVID-19 and February 2021 takeover have further challenged an already fragile health system. Access to health services is challenged due to considerable attrition of the health-care workforce, largescale migration of health professionals, unavailability and unaffordability of key essential medicines and vaccines, restriction of access to the conflict-affected areas, and attacks on health-care facilities. In particular, access to quality health care continues to deteriorate in hard-to-reach areas, conflict-affected areas and non-SAC-controlled areas. Recent reports also suggest that the licences of some private clinics and hospitals were revoked. It is reported that only 295 private hospitals were issued licenses to operate.

Health workforce disruption

From 2016 to 2020, a 13.3% growth in the health workforce was observed, resulting in a density of six doctors and nine nurses per 10 000 population, with a combined density of 17.8 health workers (doctors, nurses and midwives) per 10 000 population. This suggested that, even before the February 2021 takeover, Myanmar had not reached the benchmark of the WHO-suggested average density of 22.8 health workers per 10 000 population to deliver a package of health services, compatible with the standards of the Sustainable Development Goals (SDGs).

Following the February 2021 takeover, Myanmar saw a significant decline in density of the health workforce to 1.01 doctor and 1.96 nurses per 10 000 population in 2022–2023. Data reported through the national health workforce accounts suggest a significant decrease in the availability of nursing personnel by 73% (from 40 830 in 2019 to 11 000 in 2022) (WHO, 2024e). A substantial number (estimated 50%) of the health workforce in the public sector took part in civil disobedience.

Restrictions on non-State providers to maintain services

Non-State health service providers are severely restricted in their ability to provide essential health services because of shortages of skilled health workers and difficulties imposed by the SAC on the importation of medical supplies, including pharmaceuticals. A strict registration law for institutions to operate, a mandatory conscription law in 2024 among working population and the requirement of valid licences for health professionals to practice is expected to potentially reduce the availability of skilled health professionals in the market and private sector, leaving very little room for flexibility.

Moreover, reliance on locally procured medicines increases the risk of suboptimal quality medicines, interruption of treatment and AMR. The use of volunteers and patients' family members for tasks normally carried out by medically trained personnel is significantly affecting the quality of care. In addition, security concerns are deterring people from visiting clinics or even hospitals for referral. People are shifting to the use of teleconsultations, with the inherent risk of misdiagnosis. In addition, restriction in access to cash is a serious impediment for non-State health service providers (Than et al., 2024).

Reduction in financing

The latest National Health Accounts confirmed that 65.14% of the current health expenditure in Myanmar is out-of-pocket (OOP) by households. This is the second highest level of OOP financing among countries in the WHO South-East

Asia Region as per the Global Health Expenditure Database in 2022 (WHO, 2024g). OOP expenses were already significant and continue to increase, necessitating further household spending in view of depleted government tax resources, on top of declining or inaccessible donor support (multilateral, bilateral donors).

Supply chain disruption

International and domestic supply chains have been significantly affected by the February 2021 takeover, including through challenges with land and air transportation and security threats. Currently, there are shortages of key essential and life-saving medicines (including injectable drugs) while some key essential medicines were available in only a limited number of private pharmacies. The major reasons that influenced drug availability and pricing included prolonged import licensure procedures, delayed customs clearance and restrictions on drug importation and currency depreciation.

In-crisis health system status

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
Lack of access to functional health facilities for life-saving treatment is leading to unnecessary loss of life and further burden on an already weak health system. (OCHA, 2024)	Limited information available, as there is minimal humanitarian access to the region with extensive damage to airports and road networks. (ACAPS, 2025)	5 health facilities fully damaged; 61 health facilities partially damaged in the five worst affected States/Regions (Sagaing, Mandalay, Nay Pyi Taw, Bago and Southern Shan. (WHO, 2025)	Between 1 January and 6 December 2024, a total of 287 attacks on Myanmar's health care system were recorded. (OCHA, 2024)

The 7.7 magnitude earthquake that struck Myanmar on 28 March 2025 has severely impacted the nation's already fragile health-care system. Hospitals in Sagaing, Mandalay, Nay Pyi Taw, some areas of Bago (East) and Southern Shan state are overwhelmed with thousands of injured patients, struggling with limited space, medical supplies, and manpower.

The overwhelming workload with priority care for emergencies and traumas lead the hospitals in those major affected areas unable to support care for chronic diseases and routine health services. There is huge need for trauma and surgical care, blood transfusion supplies, anaesthetics, essential medicines, management of mass causality, safe water and sanitation, mental health and psychosocial support among others (WHO, 2025b).

According to information available as of 2 April 2025, in the five earthquake-impacted states and regions (Nay Pyi Taw, Mandalay, Sagaing, Bago and Southern Shan), five health facilities have been completely damaged (one in Nay Pyi Taw, one in Sagaing, two in Bago, and one in Southern Shan), and 61 facilities are partially damaged. Power outages make the health facilities in affected areas rely on the generators which become an extra challenge for operability with fuel shortage.

The response efforts are hindered by damaged infrastructure, communication disruptions and ongoing civil conflict, which complicate delivery of aid and access to affected areas. Destruction in the transportation routes, including collapse of the bridges, landslides and road damages, are obstacles for emergency referral and call for medical assistance together with the disruption to phone and internet connections. There is an urgent need for trauma and surgical care, blood transfusion supplies, anesthetics, essential medicines, and mental health support.

In Sagaing Township, it is reported that over 70% of structures have sustained significant damage. Many residential buildings have either completely collapsed or were severely damaged. Two bridges between the Yangon–Nay Pyi Taw highways were reported as being damaged, risking the disruption of critical transportation routes between Yangon and the most affected regions (IFRC, 2025).

Humanitarian health response

Availability/functionality of humanitarian health resources

Health Cluster Partner Coordination is actively maintained at both the national level and across five key humanitarian areas. These areas include the following:

- Rakhine region (Rakhine and southern Chin, Paletwa), coordinated from the hub in Sittwe.
- North-east region (Kachin and northern Shan), managed from Myitkyina.
- North-west region (Chin excluding Paletwa, Magway, Mandalay and Sagaing), with a hub in Mandalay.
- South-east region (eastern Bago, Kayin, Mon, Tanintharyi), coordinated from the hub in Hpa-An.
- Southern Shan and Kayah state, coordinated from the hub in Taunggyi.

The Myanmar Health Cluster consists of 84 partners, including national and international NGOs, the Red Cross Movement and UN agencies. The majority of Health Cluster partners in Myanmar are local NGOs, highlighting their importance in the delivery of health services and supplies to areas with severe access restrictions. It is the Health Cluster's role to mobilize partners and resources to areas in need, for a range of activities, including outbreak investigation and response, but also through the deployment of mobile clinics. The Health Cluster works through a network of subnational Health Cluster coordinators in different parts of Myanmar. For 2025, Health Cluster co-coordinators from NGO partners will be recruited to strengthen the team.

Only few health cluster partners were active in the earthquake-affected areas before the earthquake. Many partners operational in other parts of Myanmar have rapidly mobilized mobile health and surgical teams to the earthquake-affected areas, while struggling to access to live-saving medical supplies.

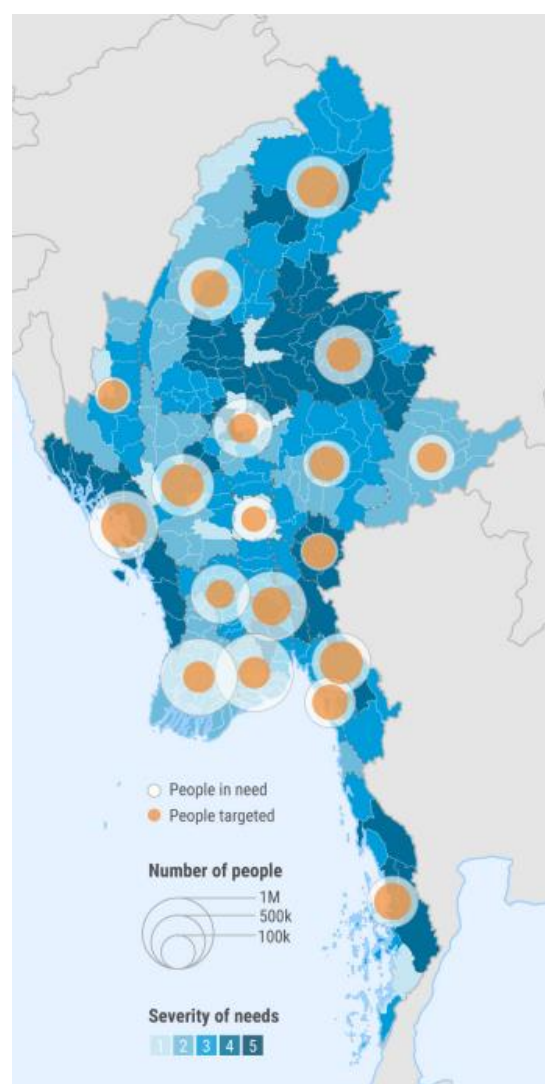
2025 Humanitarian Need and Response Plan for Myanmar

As per the 2025 Humanitarian Need and Response Plan for Myanmar, the Health Cluster has estimated that 12.9 million people will be in need of humanitarian health interventions during 2025, an increase from 12.1 million in 2024. The most severe health needs were identified in Rakhine, followed by Sagaing, Kachin, Kayah, Tanintharyi, east Bago and northern Shan regions, before the earthquake of 28 March 2025.

In line with the projected decline in donor funding, only 2.4 million people (19% of the total people in need) are be targeted during 2025, as compared to 2.7 million in 2024: the majority are crisis-affected people with humanitarian needs (57%), followed by IDPs (34%), non-displaced Stateless people in Rakhine (5%), and returned, resettled and locally integrated IDPs (4%).

Urgent humanitarian health needs in Myanmar are driven by the lack of access to basic health care because of damage to and destruction of health facilities, direct attacks on health care, logistics challenges in securing life-saving medical supplies, and shortage of trained health workers.

Figure 5. People in need and people targeted in the health cluster



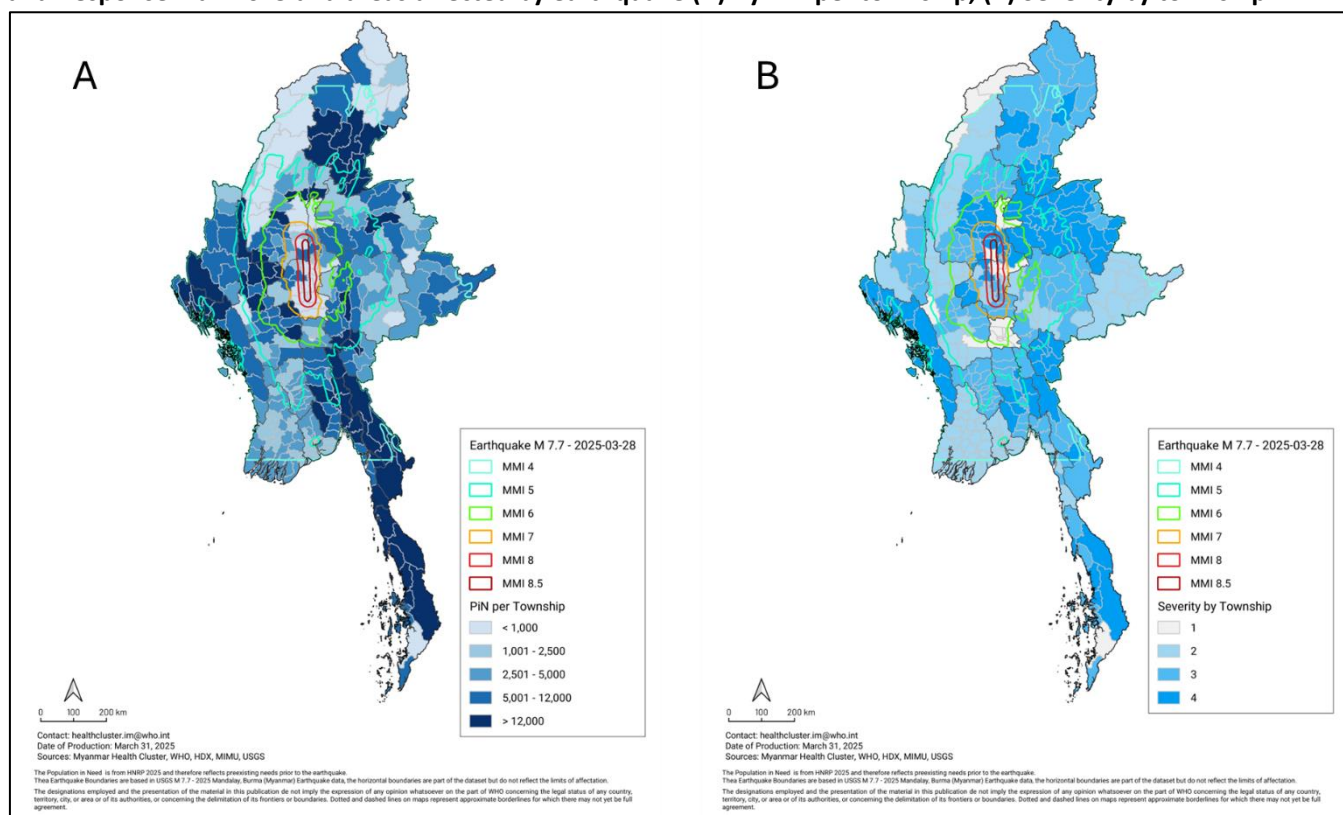
Women, children, older people and people with disabilities, and those with mental health needs are disproportionately affected, facing heightened risks and barriers to accessing care. Additionally, large-scale displacement, unsafe drinking water, inadequate sanitation, and the interruption of routine health programmes are significantly increasing the risk of disease outbreaks.

In February 2025, the Health Cluster reported on the devastating impact of US funding cuts on partners' ability to deliver life-saving health services inside Myanmar, but also in the border areas with Thailand, where large number of Myanmar refugees no longer have access to health care (Health Cluster, 2025).

Prior to the earthquake, communities reported substantial barriers to healthcare — including long distances to facilities, unaffordability, and lack of available services — which are now further compounded by damaged infrastructure, displacement, and limited humanitarian access due to insecurity and bureaucratic restrictions. Vulnerable groups such as internally displaced persons, individuals with disabilities, and female-headed households face even greater challenges in accessing care, while health responders struggle to meet escalating needs amid disrupted supply chains and funding shortfalls.

The 7.7-magnitude earthquake that struck central Myanmar has significantly worsened pre-existing health vulnerabilities, particularly in Sagaing and Mandalay regions. Five million people identified in the earthquake affected townships (please see map on the right highlighting the People in Need by township. Already struggling with a fragile health system due to ongoing conflict, these areas are now facing heightened risks of disease outbreaks, especially cholera, as the destruction of healthcare facilities and WASH infrastructure disrupts access to clean water, sanitation, and essential medical services.

Figure 6. Population in need (PiN) of humanitarian health assistance prior to the earthquake in Humanitarian Need and Response Plan 2025 and areas affected by earthquake (A) By PiN per township; (B) Severity by township



3W (Who, What, Where) Matrix

For the earthquake response, the health cluster will collect data on the lines of “Who is doing What and Where”, but data will only be accessible to a restricted group of viewers, to maintain the confidentiality of the Health Cluster partners, in line with jointly agreed upon information-sharing protocols.

WHO’s initial response for the earthquake

Immediate health needs include trauma and surgical care, blood transfusion supplies, anesthetics, and essential medicines. WHO is supporting the delivery of Trauma and Emergency Surgery Kits to enable life-saving interventions. Disease surveillance must be urgently strengthened to prevent outbreaks of cholera, dengue, and other communicable diseases, while water, sanitation, hygiene and waste management (WASH) and laboratory capacities are reinforced (WHO, 2025).

WHO has provided nearly three tons of medical supplies to hospitals in worst-hit Nay Pyi Taw and Mandalay. The supplies comprising trauma kits and multipurpose tents have reached a 1000-bed hospital in Nay Pyi Taw and is soon reaching the Mandalay General Hospital, the two main hospitals treating the injured in these areas. These supplies were rushed from the emergency stockpile in Yangon to the earthquake affected areas within 24 hours of the two strong earthquakes hitting central Myanmar (WHO, 2025b).

WHO is providing operational support to the rapid response teams deployed in the hospitals of the affected areas. Preparations are on for WHO and partners to roll out a rapid needs assessment to better understand needs and gaps in the affected areas for a tailored response. WHO has reached out to the global Emergency Medical Teams Network to identify teams willing to be deployed at field hospitals in Myanmar. Till the end of March 2025, 26 EMTs have expressed interest (WHO, 2025b).

Information gaps/recommended information sources

	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Actual number of deaths and injuries	Formal and informal media sources / modelling estimates
	Burden of trauma and disabilities	Community/shelter-based trauma survey
	Situation/trend of diseases Where the outbreak-prone disease burden is, to allow rapid targeted outbreak response and disease-control activities	Early warning alert and response system (EWARS)
	First-hand evidence on the current health status and estimation of the burden of disease in the communities/shelters, for prioritization among potential needs	Health needs assessment
	Nutritional status	Nutrition assessments/anthropometric measures
Health resources & services availability	A snapshot on the functionality of health facilities, accessibility and availability of services to help identify the bottlenecks for non-functionality of services	Health Resources and Services Availability Monitoring System (HeRAMS) / feasible health service availability mapping
Humanitarian health system performance	Reach of humanitarian health services provided to beneficiaries	Beneficiary satisfaction survey
	Data regarding health needs of population, despite limitations of access and delivery due to conflict	Support from UN, international NGOs, local NGOs and local health authorities

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Other resources

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Contacts

Deputy WHO Representative Myanmar	Elena Vuolo (vuoloe@who.int)
Health Cluster Coordinator	Sacha Bootsma (bootsmas@who.int)
Health Cluster Information Management Officer	Pedro Javier Manrique (pedro.manrique@who.int)
Acting Regional Emergency Director, WHO SEARO	Nilesh Buddha (buddhan@who.int)
Incident Manager, WHO SEARO	Sugandhika Perera (pereras@who.int)
Public Health Information Services Focal Point, WHO SEARO	Masaya Kato (katom@who.int)
Myanmar Earthquake Incident Management Support Team, WHO HQ	Kazuki Shimizu (shimizuk@who.int) Eba Al-muna Pasha (pashae@who.int)
Public Health Information Services focal point, WHO HQ	Sinead Mcgrath (mcgraths@who.int)

