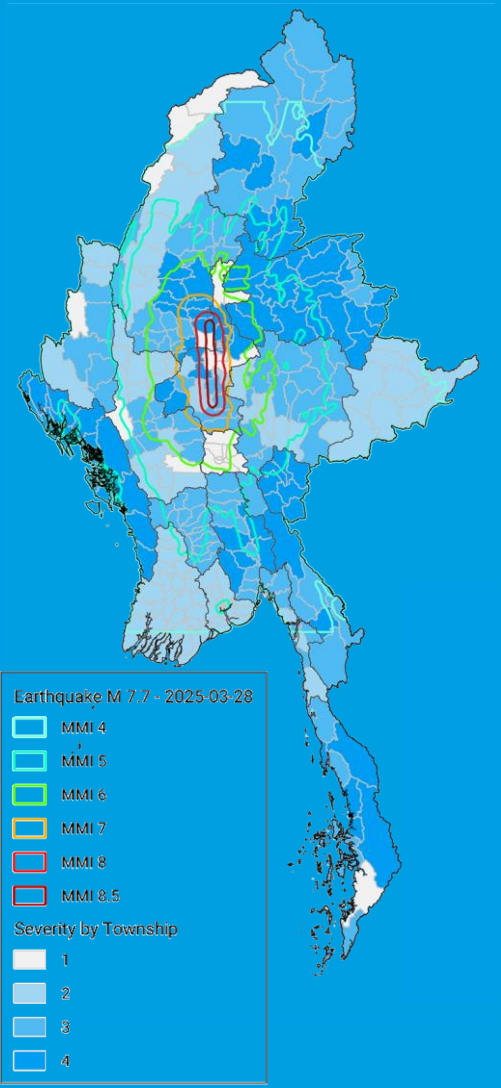


Earthquake affected areas and health cluster Severity Classification as per 2025 HNRP



Highlights

- **Devastating earthquakes in Sagaing on 28 March 2025** kill at least 1,700 and injure more than 3,400 people in Bago, Magway, Mandalay, Naypyitaw, Southern Shan and Sagaing. Health partners are responding where possible with life- and limb-saving health services, in spite of scarcity of adequate medical supplies and bureaucratic impediments.
- **Attacks on health care** reported in earthquake affected areas are currently being verified.
- Increased risk of **Acute Watery Diarrhoea (AWD)/Cholera** with 9 out of 20 hotspot Cholera townships inside the earthquake-affected areas. No updated information on current status of AWD/Cholera outbreak because of absence of a functional disease surveillance system.
- Earthquake is expected to further worsen already concerning **malaria** outbreak, amidst chronic shortages of malaria supplies including insecticide-treated nets.
- Similarly elevated risk of outbreaks of vaccine-preventable diseases like **measles, diphtheria, whooping cough, and polio** amongst population displaced by the earthquake and ongoing conflict due to a chronic low immunization coverage.
- Ongoing response to increase in **skin infections** and possible **scabies** cases in crowded temporary settlements because of lack of access to clean water, including in the earthquake affected areas.
- **Re-prioritization ongoing of people targeted and funding requested** as part of the 2025 Humanitarian Needs and Response Plan in response to low funding availability.
- **Zero additional funding commitments** for health cluster partners since 1 January 2025 with funding cuts forcing 30 health partners to pause their activities, with an estimated 250,000 people affected.
- Strategic Review finalized of proposals for **Myanmar Humanitarian Fund 1st Standard Allocation** with a total 20M USD for 66 townships in 14 states/regions in Northwest, Northeast, Southeast and Rakhine

Health cluster action

Earthquake Response

- **Local health partners** already on the ground delivering life-saving health services mostly in Sagaing and Mandalay, including 3 mobile clinics deployed by the Myanmar Red Cross Society (MRCS).
- Other partners are on **stand-by for deployment of field hospitals and mobile medical and surgical teams**, but have reportedly not received approval from de facto authorities.
- WHO Myanmar sent life-saving medical supplies and tents to Mandalay and Naypyitaw in support of public health facilities in areas controlled by de facto authorities.
- Other health partners are struggling with a **lack of medical supplies**, in particular trauma kits, blood bags, anaesthetics, assisted devices, and essential medicines. Local procurement of these items is extremely challenging.
- In addition, the proper use of medical supplies and equipment by partners bringing supplies into Myanmar is also pending approval from de facto Ministry of Health.

Acute Watery Diarrhoea (AWD)

- Since the start of the outbreak in June 2024, 9 out of 17 States have reported AWD/cholera cases in Myanmar.
- **Lack of functional surveillance system** is impeding a comprehensive picture of the actual number of cases.
- UNICEF organized a **3-day AWD training for 15 health cluster and 15 WASH cluster partners** in Yangon on 26-28 March 2025, co-facilitated by health and WASH clusters. Participants conducted interactive simulation exercises into the agreed upon Standard Operating Procedures how to rapidly detect and verify a potential Cholera outbreak, and closely coordinate with other clusters to put the necessary prevention and response measures in place to stop the outbreak from spreading. Participants also shared available resources and discussed strategies to improve response activities.
- UNICEF organized a **2-day training on Risk Communication and Community Engagement (RCCE) Coordination and Capacity Building** focused on AWD/Cholera.
- Health Cluster's **Monsoon Preparedness Plan** is being updated with a strong focus on AWD/Cholera prevention, including WASH and RCCE
- Out of the **20 hotspot townships** throughout Myanmar categorised at high risk of Cholera, thanks to a multifactor priority index assessment conducted by WHO, 9 are located in earthquake affected areas:

WHO South-East Asia Region Epidemiological Bulletin 10 to 23 March 2025



Region/State	Township	District
Bago (East)	Oktwin	Taungoo
Magway	Gangaw	Gangaw
Magway	Pakokku	Pakokku
Magway	Saw	Gangaw
Magway	Yesagyoo	Pakokku

Region/State	Township	District
Sagaing	Kale	Kale
Sagaing	Kanbalu	Kanbalu
Sagaing	Myaung	Sagaing
Shan (South)	Nyaungshwe	Taunggyi

Attacks on Health Care

Between 1 January and 31 March 2025, WHO's [Surveillance System for Attacks on Health Care \(SSA\)](#) recorded **8 attacks on health care** in Myanmar. Out of these attacks, 7 were by heavy weapons, causing a large number of deaths (36) and injuries (69).

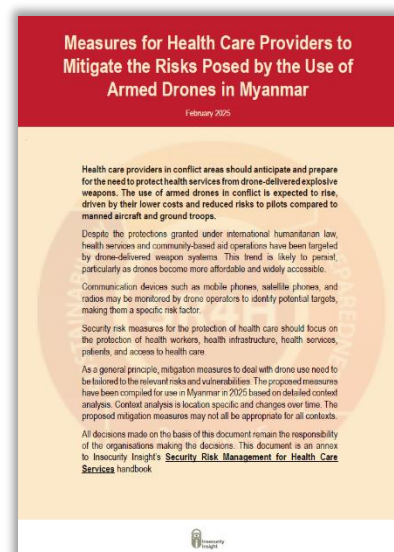
In the same time period, [Insecurity Insight](#) recorded **40 attacks on health care**, out of which 19 by explosive weapons.

[Insecurity Insight](#) produced the [Measures for Health Care Providers to Mitigate the Risks Posed by the Use of Armed Drones in Myanmar](#) guidance, to help health service providers protect themselves against the potential deadly impact of drone attacks. partners Examples of mitigation measures include:

- **Early warning systems** – Using human spotters and radio frequency detectors to detect drone activity.
- **Safer facility design** – Relocating critical services underground and reinforcing windows with blast-resistant film.
- **Mobile team security** – Avoiding predictable travel routes and using unmarked vehicles for discretion.
- **Patient protection** – Spacing out health services to prevent mass gatherings that could be targeted.

These are just some steps you can take to help protect health workers, patients, and critical health services from the use of armed drones in Myanmar.

[Download the Report](#) (available in Burmese on request)



Challenges

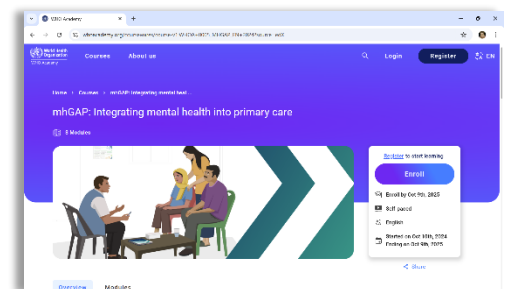
- The health cluster is strongly advocating to **maintain the humanitarian principles of independence and neutrality**, as well as **accountability to the affected population** in ensuring that humanitarian aid reaches all people in need, especially in the earthquake affected areas
- **Lack of access** to deliver life-and limb saving services to the earthquake affected population
- **Severe shortages of medical supplies**, including trauma care and surgical supplies including anaesthetics, blood bags for blood transfusion, body bags, essential medicines, safe delivery kits, and assisted devices, impeding adequate response to the earthquake.
- **Lack of reliable data on health facility functionality** status impeding rapid analysis on earthquake impact
- Significant **increase in risk of disease outbreaks** in earthquake affected areas as a result of **damage to water supply systems**, increasing the risk of water-borne diseases, like cholera, typhoid, and Hepatitis A, and skin infections, including scrub typhus and scabies. Displacement in often crowded temporary settlements contributes to higher risk of vaccine preventable diseases, in view of worrying **low immunization coverage** throughout Myanmar, as well as acute respiratory infections, and Tuberculosis, which has seen a concerning increase in cases since 2021. Other public health risks in post-earthquake situations are vector-borne diseases like dengue and malaria, plague, leptospirosis, heat stroke, and animal bites. **Disruption of health services** may impede access to regular medication for Non-Communicable Diseases like diabetes and high blood pressure.

Next steps

- Preparations underway for **market assessment of 'reliable suppliers'** and **Quality Assurance training** using WHO HQ's Good Storage and Distribution Practices (GSDP) tools.
- **Health cluster updated its activities and indicators for 5W reporting based on partners inputs:** currently organizing **orientation sessions on the 5W template** for the 2025 Health Needs and Response Plan (HNRP) at the subnational level in the Northeast, Northwest, Southeast, and Rakhine, following completion at the national level.
- **Compilation of Q1 5W reporting** (Jan–March 2025) will take place from 2-11 April through field health cluster coordinators. **For any inquiries, please contact Ko Kyaw Myo Thu at kyaw.thu@who.int**
- Awaiting review of translation into Burmese of **mhGAP: Integrating mental health into primary care** for roll out amongst health partners
- **Compilation of health facility functionality data** to be shared with partners once available
- **Updating of Monsoon Preparedness Plan for 2025**



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Health Cluster Donors

Myanmar Humanitarian Fund (MHF), European Civil Protection and Humanitarian Aid Operations (ECHO), European Union (EU), Global Alliance for Vaccines and Immunisation (Gavi), Italian Government, Japan Government, Korea International Cooperation Agency (KOICA), and the United Kingdom's Foreign, Commonwealth and Development Office (FCDO)