HEALTH CLUSTER MYANMAR

Sagaing Earthquake

Situation Report #5

25 April 2025

Two powerful earthquakes of 7.7 and 6.4 magnitude struck Myanmar on 28 March 2025, 16 KM northwest of Sagaing.

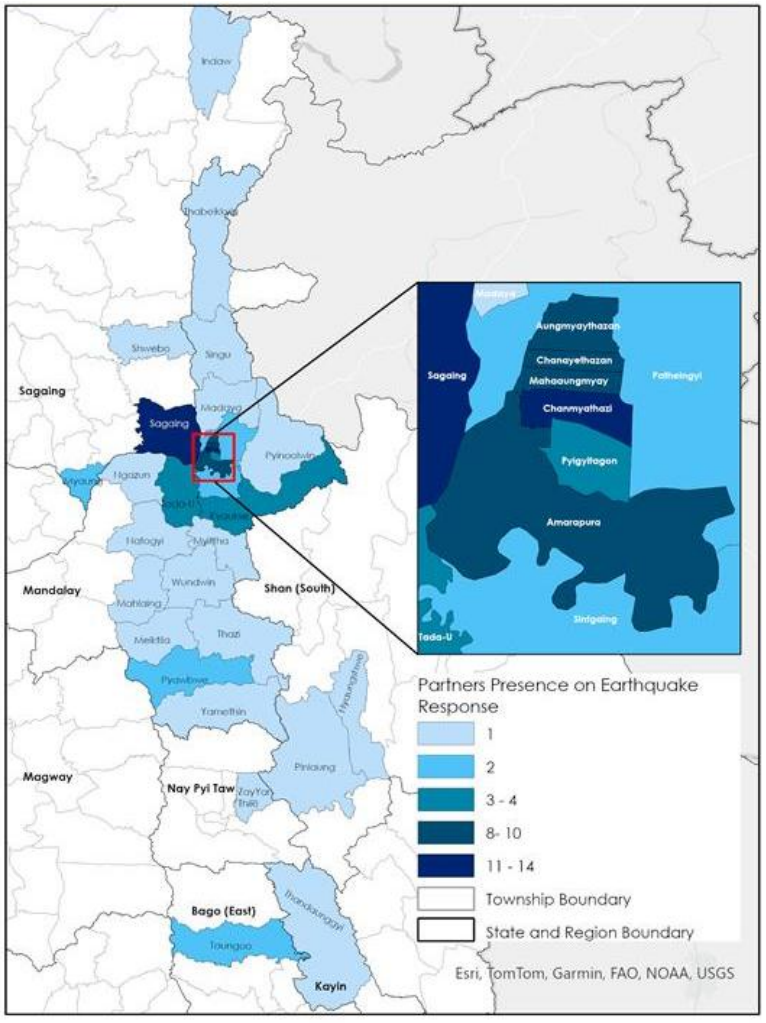
58 townships affected in Bago, Kayin, Magway, Mandalay, Naypyitaw, Southern Shan and Sagaing.

Key Figures

3,700+	5,000+	2.4M	453k	$30.4M
People Killed	People Injured	People in Need	People Targeted	USD Requirement

Highlights

- **Needs have shifted from trauma care for injuries sustained because of the earthquake, to treatment of common illnesses, including non-communicable diseases (NCD) like diabetes and hypertension. Partners are reporting shortages of NCD medicines, as well as other essential medicines, leaving some patients without adequate treatment.**
- Potential overlap in health service delivery in urban areas in Mandalay, as partners struggle to obtain approvals to expand their services to more rural areas in Mandalay and Sagaing.
- **Mental health trauma among earthquake affected populations is exacerbated by delayed recovery of human remains under the rubble, as well as limited psychosocial support due to severe shortages of skilled mental health workers.**
- Increases in diarrhoea cases have been reported from various earthquake affected areas, but rapid verification has not confirmed any outbreak as yet.
- **Fears for a surge in malaria cases as rains have started, with people not having access to insecticide treated bednets and interrupted vector control interventions.**
- Delay with removing earthquake debris is significantly increasing the risk of diseases caused by vectors attracted by dirt and lack of hygiene.
- **Limited access to clean drinking water and sanitation is posing a significant threat to the occurrence of water-borne diseases, with lack of rapid diagnostics tests impeding swift detection of potential outbreaks.**



Health Cluster Partners Operating in earthquake affected townships Source: Health Cluster

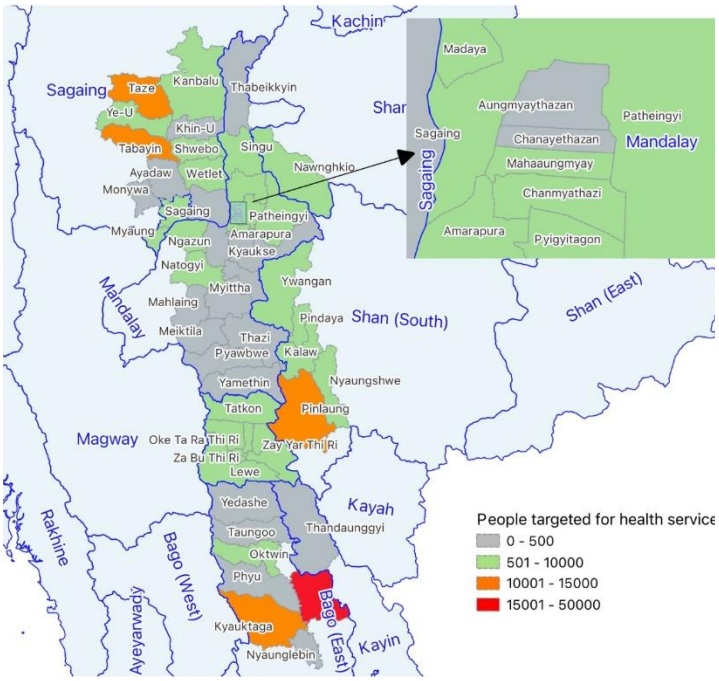
Humanitarian Health Context

OCHA has issued the Earthquake Flash Addendum to the 2025 Humanitarian Needs and Response Plan for Myanmar with revised figures on people affected by the earthquake.

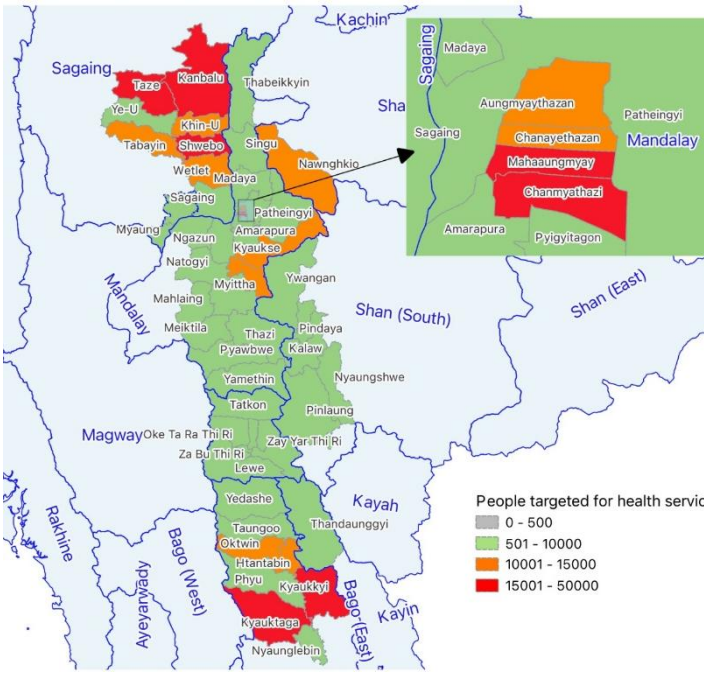
People in Need of humanitarian health services in earthquake affected areas is now estimated at 2.4M, out of which over 453,000 people will be targeted with health services.

Comparison of townships included in the 2025 HNRP targeted with humanitarian health services

Before the earthquake



After the earthquake



Needs assessments

Analysis of over 1,500 Rapid Needs Assessments (RNA) conducted in 54 out of 58 earthquake affected townships confirms that priority needs identified by earthquake populations are food, cash, shelter, and water, followed by medical care.

Health infrastructure

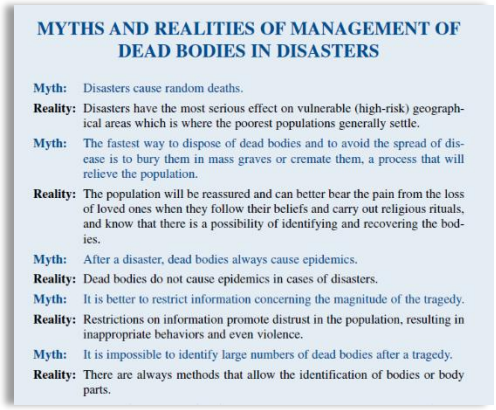
According to the RNAs, 395 health facilities were damaged or not functional, the majority reported from Sagaing (29%), followed by Eastern Bago (17%), Kayin (14%), Mandalay (13%), Naypyitaw (10%) and Southern Shan (5%). It is important to note that this figure is based on observations shared by 7,675 respondents, and not by physical assessments. As data on health facility functionality was unavailable before the earthquake, it cannot be established whether the health facilities were functional at the time of the earthquake.

WHO is planning a detailed structural health facility assessment.

All health facility rehabilitation efforts will be coordinated by the newly established Early Recovery Cluster led by UNDP.

Public health risks

Delay with removing earthquake debris is significantly increasing the risk of diseases caused by vectors attracted by dirt and lack of hygiene. Frequent rains are leaving water puddles in the rubble, which are breeding grounds for mosquitoes, transmitting diseases like malaria and dengue. As people do not have access to insecticide treated bednets and vector control interventions have been interrupted, the risk of vector-borne diseases is high.



MYTHS AND REALITIES OF MANAGEMENT OF DEAD BODIES IN DISASTERS

Myth: Disasters cause random deaths.

Reality: Disasters have the most serious effect on vulnerable (high-risk) geographical areas which is where the poorest populations generally settle.

Myth: The fastest way to dispose of dead bodies and to avoid the spread of disease is to bury them in mass graves or cremate them, a process that will relieve the population.

Reality: The population will be reassured and can better bear the pain from the loss of loved ones when they follow their beliefs and carry out religious rituals, and know that there is a possibility of identifying and recovering the bodies.

Myth: After a disaster, dead bodies always cause epidemics.

Reality: Dead bodies do not cause epidemics in cases of disasters.

Myth: It is better to restrict information concerning the magnitude of the tragedy.

Reality: Restrictions on information promote distrust in the population, resulting in inappropriate behaviors and even violence.

Myth: It is impossible to identify large numbers of dead bodies after a tragedy.

Reality: There are always methods that allow the identification of bodies or body parts.

The stench of unrecovered dead bodies is adding to the psychological stress of earthquake survivors, unable to provide a dignified burial for their loved ones. Dead bodies do not cause epidemics, but they do cause additional psychological distress to an already traumatized population[1].

Severe shortages of skilled mental health workers are adding to the mental health burden among earthquake affected populations, as adequate support is scarcely available.

Managing bodies of deceased persons in earthquake response

Increases in diarrhoea cases have been reported from various earthquake affected areas, but rapid verification has not confirmed any outbreak as yet. Limited access to clean drinking water and sanitation is posing a significant threat to the occurrence of water-borne diseases, with lack of rapid diagnostics tests impeding swift detection of potential outbreaks.

Humanitarian Health Response

Health service delivery

36 health partners are currently delivering health services in 22 earthquake affected townships. Only 10 partners have so far submitted weekly activity reports to the Health Cluster, stating over 7,300 people were treated at mobile health clinics, the majority with primary health care services. This is an underrepresentation of actual health interventions being implemented.

State/Region	Emergency/ Trauma care	PHC/ RH/MCH	Total
Bago (East)		3	3
Kayin		1	1
Mandalay	9	20	29
Sagaing	1	2	3
Shan (South)		1	1
	10	27	**37**

No updated information is available on the current number of active Emergency Medical Teams (EMTs), with reportedly most EMTs having ended their missions, and new EMTs awaiting the necessary approvals for deployment. A potential overlap in health service delivery is reported from urban areas in Mandalay, as partners struggle to obtain approvals to expand their services to more rural areas in Mandalay and Sagaing.

[1] https://www.eird.org/isdr-biblio/PDF/Management%20of%20dead%20bodies.pdf

Medical supplies

Needs have shifted from trauma care for injuries sustained because of the earthquake, to treatment of common illnesses, including non-communicable diseases (NCD) like diabetes and hypertension. Partners are reporting shortages of NCD medicines, as well as other essential medicines, leaving some patients without adequate treatment.

Clinical Management of Rape (CMR)

Based on informal reports of Gender-based violence (GBV) including rape cases UNFPA is planning to conduct trainings on Clinical Management of Rape (CMR) for mobile health teams in Mandalay and Sagaing.

Risk Communication and Community Engagement (RCCE)

WHO has prepared a series of infographics for distribution to earthquake affected populations, on a variety of topics including chronic diseases, breastfeeding, food and water safety, how to use water purification tablets, prevention of fire and burns in shelter and tents, dead body management, prevention of snake bites and how to do initial first aid, rabies prevention, and prevention heat related illness. All materials can be found here.

Partners can sign up for the Viber group (See QR code) and request hard copy IEC materials here.

Actions

- 1,575 Rapid Needs Assessments have been conducted under the guidance of OCHA.
- Ongoing verification of data collected during Multi-Cluster/Sector Initial Rapid Assessment (MiRA) under the guidance of OCHA, with results expected on 28 April 2025.
- WHO is planning a community-based service demand sampling as well as Focus Group Discussions at community level through Health Cluster partners to gather more detailed information on health needs.
- Health Cluster is planning training for partners on information management and 5W data collection in Mandalay and Sagaing next week.

Needs

- Lack of essential drugs, including medication for treatment of NCDs
- Absence of preventative measures like insecticide treated bednets and interruption of vector-control interventions are increasing the risk of vector-borne diseases like malaria and dengue
- Access restrictions to rural parts of Sagaing and Mandalay are impeding health service delivery to earthquake affected populations
- Access to safe water and sanitation for earthquake affected population
- Assisted devices
- Disease surveillance for outbreak prevention and response
- Mental Health and Psychosocial Support (MHPSS)
- Health facility damage assessments
- Restoration of basic health services

Key Information Sources

- Myanmar Information Management Unit: https://www.themimu.info/emergencies/sagaing-earthquake-2025

- Humanitarian Data Exchange: https://data.humdata.org/event/myanmar-earthquake/
- Earthquake Hazards Program: https://earthquake.usgs.gov/earthquakes/eventpage/us7000pn9s/executive

Contacts

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