

WHO flash appeal

Earthquake response in Myanmar

Responding to immediate health needs –
30-Day Appeal (28 March–28 April 2025)



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AT A GLANCE: Key figures (estimates as of 29 March 2025)

People exposed: 7.3 million

Number of deaths: More than 1600 deaths reported in Myanmar

Number of injured: More than 3400 people injured in Myanmar

Health facilities damaged:

- **3 fully damaged hospitals** – Nay Pyi Taw (1), Bago (2)
- **22 partially damaged hospitals** – Nay Pyi Taw (2), Bago (20)

*Data will be updated as assessments are finalized.

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Road damage en route to Nay Pyi Taw, disrupting access for emergency response and humanitarian delivery. ©WCO/Myanmar

WHO'S IMMEDIATE FUNDING REQUIREMENT

US\$ 8 million

Current situation and impact on health

On 28 March 2025, two powerful earthquakes struck central Myanmar's Sagaing Region near Mandalay. The first, with a magnitude of 7.7, occurred at 12:50 p.m. local time, followed by a second of magnitude 6.4 at 1:02 p.m. Both earthquakes occurred at a depth of 10 km, approximately 19 km northwest of Mandalay, the country's second-largest city. Multiple aftershocks have since been reported, disrupting ongoing rescue operations. The earthquakes occurred along the Sagaing Fault, one of the world's longest and most active strike-slip fault lines.

The earthquakes caused widespread destruction across central Myanmar. Critical infrastructure—including health facilities, road networks, and bridges—has been severely damaged. Two major airports, in Mandalay and Nay Pyi Taw, were temporarily closed due to structural impacts. A state of emergency has been declared in Sagaing, Mandalay, Magway, Bago, Eastern Shan State, and Nay Pyi Taw—regions already facing conflict, displacement, and overstretched health systems.

Sagaing Region is home to over 307,000 people and includes both densely populated urban areas and remote rural communities. Many homes—particularly in rural areas—are timber-based and making them highly susceptible to collapse. The region, along with Mandalay, is affected by ongoing conflict and remains partially inaccessible, further constraining humanitarian access at a time of urgent need.

Preliminary assessments indicate high numbers of casualties and trauma-related injuries, with urgent needs for emergency care. Electricity and water supplies remain disrupted, worsening access to health services and heightening risks of waterborne and foodborne disease outbreaks. WHO has classified this crisis as a Grade 3 emergency—the highest level of activation under its Emergency Response Framework. A no-regrets response has been launched, with incident management teams mobilized across all three levels of WHO. US\$ 5 million has been released from WHO's Contingency Fund for Emergencies to rapidly scale up operations and deploy life-saving supplies.

This earthquake strikes amid an already dire humanitarian context marked by widespread displacement, fragile health systems, and disease outbreaks—including cholera. Prior to the disaster, 19.9 million people in Myanmar required humanitarian assistance, including 12.9 million in need of health services. Many health facilities, particularly in Sagaing and Magway, were already non-functional, making rapid restoration of essential services a critical priority.

Displacement into overcrowded shelters, combined with the destruction of water systems and sanitation infrastructure, has sharply increased the risk of communicable disease outbreaks. Populations are exposed to respiratory infections, skin diseases, vector-borne diseases such as dengue, and vaccine-preventable diseases like measles.

Trauma-related injuries—including fractures, open wounds, and crush syndrome—are at high risk of infection and complications due to limited surgical capacity and inadequate infection prevention and control (IPC).

The earthquakes have further strained Myanmar's response to a cholera and acute watery diarrhoea (AWD) outbreak ongoing since July 2024, now affecting 9 of 17 states and regions—including Mandalay. Conflict, weak surveillance systems, and poor WASH access have contributed to the spread and sustained transmission of cholera. The earthquake is expected to further disrupt services and intensify disease risks in already vulnerable communities.

Myanmar's frequent exposure to severe natural disaster shocks—including cyclones, floods and drought—continues to drive health vulnerabilities. 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 and leptospirosis.



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Call to Action

This Flash Appeal outlines WHO's immediate priorities for the next 30 days to save lives, prevent disease, and stabilize and restore essential health services in earthquake-affected areas. WHO is urgently appealing for US\$ 8 million to deliver critical health assistance where it is needed most. Without immediate funding, lives will be lost and fragile health systems will falter. WHO calls on donors to act now — your support is vital to protect health, prevent outbreaks, and ensure access to care for those hit hardest by the crisis.



Within hours of the earthquake, WHO deployed nearly 3 tons of emergency medical supplies to hospitals in Mandalay and Nay Pyi Taw. ©WCO/Myanmar

WHO's immediate response

Within 24 hours of the disaster, WHO dispatched nearly three tons of trauma kits, medical supplies, and multipurpose tents from its emergency stockpile in Yangon to hospitals in Mandalay and Nay Pyi Taw. WHO is also providing operational support to Rapid Response Teams deployed in the affected areas and has mobilized its global Emergency Medical Teams (EMT) Network. As of 29 March 2025, 20 EMTs across the world have expressed readiness to deploy with field hospitals in Myanmar.

Additional critical medical supplies are prepositioned and ready for dispatch from WHO's Dubai Logistics Hub. WHO continues to support national authorities in scaling up emergency health response in areas where healthcare systems were already fragile due to ongoing conflict and displacement.

WHO'S RESPONSE PRIORITIES FOR THE FIRST 30 DAYS

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.

Continuity of essential services — such as maternal and child health, immunization, noncommunicable disease care, and mental health and psychosocial support — is critical. Safe delivery kits, assistive devices, and tents for health personnel are urgently needed, alongside rapid health facility damage assessments and restoration of basic health services. WHO is leading Health Cluster coordination and facilitating the deployment of Emergency Medical Teams (EMTs), while ensuring the swift flow of life-saving supplies through global supply chain mechanisms.

Urgent funding is required to scale up this response and protect lives in one of the most vulnerable and hard-to-reach humanitarian settings.

Immediate priorities:

1. Trauma and surgical care

- In close coordination with authorities and partners, coordinate the deployment of emergency medical teams (EMTs).
- Provision of emergency medical supplies, including Trauma and Emergency Surgery Kits, to affected areas and response teams for immediate life-saving interventions.

2. Disease surveillance and outbreak response

- Strengthen early warning, alert and response systems (EWARS), surveillance, and diagnostic capacity to rapidly detect and respond to disease outbreaks.
- Enhance laboratory diagnostics capacity to support

essential diagnostics services and infectious disease diagnosis, including for cholera, malaria, and dengue.

- Coordinate WASH, IPC, and health interventions to prevent and contain communicable disease outbreaks and mitigate their impacts, including through the repositioning of critical supplies.
- Produce timely health information and analysis to guide response operations.

3. Continuity of essential health services

- Support the re-establishment of essential services, including the delivery of maternal, newborn, child health, and noncommunicable disease services through mobile clinics and community outreach.
- Ensure access to immunization, reproductive health, and essential medicines for displaced and vulnerable populations.
- Support mental health and psychosocial services for affected communities and frontline workers.
- Strengthen IPC and ensure access to safe water, adequate sanitation, hygiene, and waste management in health care facilities providing care to the affected communities.

4. Emergency coordination

- Establish and sustain critical emergency coordination capacity in affected areas, including the capacitation of field offices and surge support, staff safety, health, and wellbeing, and ensuring the availability of critical enabling functions.
- Reinforce Health Cluster coordination and support the deployment and integration of emergency medical teams (EMTs), closely coordinated with OCHA, UNICEF and key health partners.
- Monitor and manage global emergency health supply chains and align partner contributions with response priorities.
- Establish logistics and end-to-end supply chain capacity to ensure an agile and timely flow of life-saving supplies and support to health emergency teams.

Preliminary Budget overview by Strategic Pillar (US\$)

Strategic Priority	Budget (US\$)
Trauma and surgical care	2 500 000
Disease surveillance and outbreak response	1 500 000
Maintaining essential health services	2 000 000
Emergency coordination and EMTs	500 000
Operational support and logistics	1 500 000
Total	8 000 000