



Medical Coordinator Dr. Michael Grady provides care to a patient.

On Friday, March 28, a devastating 7.7-magnitude earthquake struck central Myanmar. The epicenter was located about 11 miles (17 kilometers) west of Mandalay—Myanmar’s second-largest city, with a population of more than 1.2 million—with shock waves felt as far away as Bangkok, Thailand, more than 700 miles to the south. So far, more than 3,700 people have been confirmed dead, thousands have been injured and at least 129 people remain missing. Casualty and damage reports are expected to rise as assessments continue and access to remote areas improves.

The quake caused widespread destruction, particularly in the Mandalay region and parts of the Magway and Sagaing regions. Many buildings—especially older homes, religious sites and public facilities—collapsed or sustained severe damage. Damage to infrastructure and landslides triggered by aftershocks have restricted access in some of the hardest-hit areas. Power outages and telecommunication disruptions have left communities isolated, further complicating emergency response efforts.

Political instability in Myanmar has also hindered humanitarian response efforts. The country has been plagued by civil unrest and conflict since 2021,¹ making it difficult for humanitarian aid to reach affected regions. Some areas are restricted and conflict zones remain dangerous for aid workers.

In addition, the impacts of the earthquake on Myanmar’s food resources will be felt in the coming months. The Mandalay area contributes one-third of the country’s cereal production and four-fifths of its maize output, and is home to nearly two-thirds of the national cattle and buffalo population.² This disruption in food supply will not be easily resolved, as the monsoon season is approaching, and the agricultural season is already on a tight timetable.

Humanitarian needs are extensive. Immediate priorities include urgent medical care, emergency shelter, food, clean drinking water and functioning sanitation.

FAST FACTS

- On Friday, March 28, a devastating 7.7-magnitude earthquake struck central Myanmar.
- The quake’s epicenter was 17 kilometers west of Mandalay, with shock waves felt as far away as Bangkok, Thailand.
- As of April 23, more than 3,700 people had been confirmed dead, while thousands have been injured and at least 129 people remain missing.

Our Response

- International Medical Corps has deployed an Emergency Medical Team (EMT) Type 1 Mobile near a destroyed hospital northeast of Nay Pyi Taw to provide essential primary healthcare services to people affected by the quake. The team is providing care to about 100 patients per day.
- International Medical Corps is partnering with three local organizations to expand health, mental health and psychosocial support, and water, sanitation and hygiene services in affected areas in Nay Pyi Taw and other cities.
- International Medical Corps has previously responded to emergencies in Myanmar, including Cyclone Nargis in 2008, and flooding in 2014 and 2015.

¹ <https://www.ids.ac.uk/opinions/humanitarian-crisis-in-myanmar-after-the-earthquake-challenges-under-the-military-junta/>

² <https://www.who.int/southeastasia/outbreaks-and-emergencies/myanmar-earthquake-response-2025>

International Medical Corps Response

On March 31, International Medical Corps deployed an Emergency Response Team to the region to coordinate with international and local agencies, as well as government ministries, to deliver critical health and water, sanitation and hygiene (WASH) assistance to affected populations. To address access constraints in the immediate days following the quake, International Medical Corps established partnerships with local organizations focused on providing health, mental health and psychosocial support (MHPSS) and WASH services, and on distributing non-food items .

Given the vast damage to health infrastructure and need for services, International Medical Corps on April 12 received authorization to deploy an Emergency Medical Team (EMT) Type 1 Mobile unit—a self-sufficient outpatient health facility that can serve more than 50 patients a day. We established the EMT at the site of a destroyed 300-bed general hospital northeast of Nay Pyi Taw, where—due to the damage to the hospital—medical professionals had been forced to treat a surge of injured patients outdoors under extreme conditions, lacking essential resources and in daily temperatures exceeding 100°F (37.8°C).



Members of the Emergency Medical Team deploy tents near the destroyed 300-bed general hospital near Nay Pyi Taw.

The need for healthcare services—particularly for those suffering from non-communicable diseases, including hypertension and diabetes, along with skin diseases caused by limited access to water and hygiene items—remains high. In Nay Pyi Taw, approximately 14 public and 10 private hospitals were damaged or destroyed.³ With the establishment of our EMT Type 1 Mobile, International Medical Corps has been able to bridge this critical gap by providing medical staff, supplies and medications to patients in urgent need of care. The EMT team, which includes general and emergency physicians and nurses; has provided consultations to approximately 100 patients per day since operations began.

In addition to providing services in Nay Pyi Taw, International Medical Corps is partnering with three local organizations to operate five mobile medical units (MMUs) to expand services in heavily damaged areas around Nay Pyi Taw and in other cities. The MMUs aim to serve an average of 500 people daily, addressing immediate healthcare needs.

In addition to urgent health needs, there is a critical need for WASH support and MHPSS services. In collaboration with local partners, International Medical Corps is focused on providing WASH support for internally displaced persons (IDPs) through various methods, including water trucking to provide domestic water for both health facilities and camps, and distributing WASH supplies—including soap, shampoo, toothbrushes, toothpaste and jerry cans—to help households reduce the risk of disease. In IDP camps and temporary shelters, International Medical Corps will work with local partners to establish mobile toilets, support waste disposal, facilitate hygiene awareness sessions and distribute hygiene kits. Mobile toilets will be segregated by gender in the camps—offering safe sanitation for displaced people, especially women and girls. International Medical Corps also will provide regular maintenance and cleaning services to ensure that the toilets remain functional and hygienic.

Before the earthquake, the mental health burden in Myanmar was substantial, with an estimated 5.9 million adults seeking mental health services.⁴ In the aftermath of the quake, there is a need to prioritize the integration of mental health services into ongoing health activities. To support these needs, International Medical Corps is working with local partners to provide MHPSS as part of the MMU offerings, helping to expand access to these critical services. Additionally, International Medical Corps is exploring opportunities to support additional training on psychosocial support services and case management, as well as training healthcare workers on the World Health Organization's Mental Health Gap Action Programme.

³ <https://myanmar-now.org/en/news/myanmars-hospitals-already-under-strain-from-regime-struggle-to-cope-with-quake-aftermath/>

⁴ [https://www.thelancet.com/journals/lansea/article/PIIS2772-3682\(24\)00046-5/fulltext](https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(24)00046-5/fulltext)