Overview

On 25 April, 2015, a 7.8 magnitude earthquake racked Nepal. A second major earthquake of 7.3 magnitude struck on 12 May 2015, causing further death, injuries and devastation among the affected population. The two earthquakes together have claimed over 8,000 lives and injured more than 16,000.

A total of 35 districts have been affected, 14 severely: Gorkha, Dhading, Rasuwa, Sindhupalchok, Kavre, Nuwakot, Dolakha, Kathmandu, Lalitpur, Bhaktapur, Ramechhap, Okhaldunga, Sindhuli and Makwanpur. As of 11 May, more than 1,000 health facilities, predominantly village health posts, had been assessed by the Ministry of Health and Population (MoHP) as being totally or partially damaged. Twenty-five hospitals have been damaged (six completely and 19 partially).

The MoHP continues to lead the Health Cluster with co-leadership from WHO. Ongoing priorities include:

- Treatment of the injured, including the provision of rehabilitation services
- Rapid restoration of health services, including the bolstering of reproductive health, child health and mental health services
- Provision of logistical support (delivery and distribution of medical supplies, tents etc)
- Strengthening of surveillance and contingency planning for communicable and vector-borne diseases in preparation for the monsoon period
- Consolidation of assessments to ensure coverage of areas beyond district centres
Situational Update

On 25 April 2015, an earthquake of 7.8 magnitude raked Nepal. Its epicentre was approximately 81 km northwest of Kathmandu, near the village of Barpak in Gorkha district. A second major earthquake measuring 7.3 magnitude, which struck on 12 May 2015, caused further death and injuries, and heightened fears and tension among the affected population.

As of 17 May 2015, 8,567 people have been killed and more than 16,000 injured; however, final numbers of casualties are still being confirmed. In addition, thousands of people are in need of psychosocial support due to the trauma experienced in both earthquakes and from the ongoing aftershocks. An estimated 2.8 million have been displaced. Of the country’s 75 districts, 35 have been affected; 14 of them severely. More than 25 hospitals and more than 1,000 smaller health facilities were completely or partly damaged in the earthquake. These smaller health facilities are predominantly village health posts, which supply basic medicines and other routine services in remote communities outside the Kathmandu valley.

WHO has been supporting the Ministry of Health and Population (MoHP) and other partners in providing medical relief to the most-affected districts, reaching out into even the most remote areas to:

- Conduct rapid assessments to document health needs and requirements across all 14 priority districts
- Coordinate foreign medical teams and national teams to set up field hospitals and primary care services to compensate for destroyed and damaged health facilities
- Distribute essential medicines, medical tents and equipment
- Establish sub-national health cluster coordination hubs
- Establish infectious disease surveillance mechanisms to monitor disease trends and to prepare for outbreak response
- Provide the population with the protection of measles vaccines
- Strengthen water and sanitation services, especially in tented communities and health facilities
- Promote health messages on priority issues

A total of 131 Foreign Medical Teams (FMTs) have been officially deployed through the Government of Nepal to various locations across the country. Their distribution to priority sites was based on assessment of their capacities and was jointly coordinated by the MoHP and WHO.
**Public Health Concerns**

Re-establishment, and continued provision of primary health care in the most remote areas remains a priority, especially in view of the upcoming rainy season, which will isolate remote areas even further.

There is heightened concern about the risk of outbreaks of communicable diseases, including water-borne diseases, vector-borne diseases and acute respiratory infections, in areas of overcrowding and where water, hygiene and sanitation systems have been disrupted. High prevalence of these diseases is already an issue in the affected areas.

With many treatment centres being damaged, and patients forced to travel further to receive care, there is heightened concern of potential disruption to some patients’ treatment for tuberculosis (TB) and other chronic diseases. Birthing centres for safe deliveries and access to basic and comprehensive emergency obstetric and neonatal care (EmONC) have also been disrupted by the earthquake.

According to the Injury and Rehabilitation sub-cluster, there are more than 1000 patients requiring ongoing treatment, 700-800 of whom will need accommodated care (mostly orthopaedic). There are also more than 200 patients with spinal cord injuries; many with neurological deficit. Initial estimates indicate that up to four transit shelters for post-rehabilitation care are required to accommodate these patients in the Kathmandu valley alone. Some existing facilities can be utilized but additional facilities are needed.

Child and maternal nutrition remains a concern, particularly in mountainous and remote areas of Nepal, and may worsen due to interrupted agriculture and food production after the earthquake.

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**Key public health concerns**

- Disruption of health services, including maternal and neonatal services
- Trauma and rehabilitation
- Communicable diseases
- Increased mental health and psychosocial needs
- Chronic disease treatment including HIV/AIDS and TB
- Malnutrition
HEALTH CLUSTER PRIORITIES

COORDINATION, ASSESSMENT AND PLANNING
- Collaborate on a coordinated response to the health needs of those affected by the disaster.
- Consolidate and standardize assessments, ensuring the coverage of areas beyond district headquarters.

HEALTH SERVICE DELIVERY
- Ensure the resumption of integrated primary health care (PHC) services, including referrals and rehabilitation in priority areas, through provision of essential medicines and supplies, medical tents, tents for health workers and their families, and essential equipment.
- Support ongoing care and rehabilitation for those injured in the earthquake.
- Provide essential maternal, newborn and child health, including antenatal, delivery and postnatal care for mothers and newborns, through re-establishment of delivery centers and primary health care centers.

OUTBREAK SURVEILLANCE AND DISEASE PREVENTION
- Prepare for the upcoming monsoon period and strengthen communicable disease control and surveillance.
- Conduct activities to prevent outbreaks of vaccine preventable diseases, including immunization, screening and treatment of illnesses among children, and extensive risk communication campaigns.
- Improve WASH amenities in health care facilities.

OTHER KEY PUBLIC HEALTH CONCERNS
- Bolster the delivery of psychosocial and mental health services.
- Support the resumption of services for the prevention and treatment of TB and other chronic diseases, through health facilities and outreach services, accompanied by social mobilization activities.
- Ensure the provision of rehabilitation services to patients, upon discharge, for the management and prevention of disability.
WHO’s response: a chronology

- **April 25 - Within two hours** of the disaster, WHO and the Ministry of Health and Population (MoHP) met at the Emergency Operations Centre in Kathmandu and embarked on medical relief operations.

- **Within six hours**, WHO gave four emergency health kits comprising of medicines and medical supplies for 40,000 people for a period of three months and released US$ 175,000 to the government from the South East Asia Regional Health Emergency Fund (SEARHEF).

- **By 1 May**, WHO, working with MoHP and district based partners, had completed a rapid facility-based assessment of hospitals in the 14 most-affected districts.

- **On 2 May**, MoHP, with the support of WHO, instituted an Early Warning and Response System (EWARS) for epidemic-prone diseases. This includes health facility-based surveillance, with daily reporting on four syndromic diseases (acute respiratory infections, acute watery diarrhoea, acute bloody diarrhoea, and fever of unknown origin) across the 14 highly affected districts. MoHP has also deployed rapid response teams for the prevention and response to potential disease outbreaks in affected districts.

- **By May 3**, WHO, in coordination with the Government of Nepal, established a field office in Gorkha.

- **By 3 May**, WHO had staff present in all 14 severely affected districts to provide support to the District Health Office for the ongoing response.

- **To date**, WHO has:
  - Provided much-needed health supplies including 46 inter-agency emergency health kits (containing supplies to meet the basic health needs of 460,000 people for three months), five inter-agency diarrheal kits, seven surgical supply kits, seven trauma kits A, and 10 hospital tents.
  - Led the response of the Health Cluster, in conjunction with the Ministry of Health and Population (MoHP), WHO continues to work alongside the MoHP to coordinate the relief efforts of Health Cluster partners at both the national and district levels.
  - Coordinated the deployment of more than 130 foreign medical teams.
  - Worked alongside UNICEF and MoHP to vaccinate children against measles in the 16 official camps and several unofficial camps. This is now being scaled up to cover all 14 of the most-affected districts.
  - Carried out a cholera risk assessment. A vector-borne disease assessment has also been initiated.
  - Provided input into the development of an integrated risk communications strategy for the prevention of communicable diseases being developed in partnership with UNICEF and MoHP.
  - Provided support to water quality monitoring in Shankhapark, Sinamangal, Narayanchaur, Tudikhel, Dashrath Stadium and Balamu camps. WHO is also setting up mobile water testing laboratory with Department of Water Supply and Sewerage.
  - Contributed an additional US$ 1,000,000 of the Organization’s own funds to help kick-start the response.

- **WHO is now working with MoHP** on planning for recovery and reconstruction of primary health facilities. Fifty priority facilities have been identified for initial support in the 14 most affected districts – 30 in the most severely affected districts of Sindhupalchok, Gorkha, Rasuwa, Nuwakot and Dolakha. Urgent support will include tents for the provision of medical care and for staff accommodation, essential medicines and equipment, generators, and furniture. A phased scale-up of support will then follow, with broader geographic distribution and more permanent structures established.
**Funding requirements**

Funding requirements under the revised Flash Appeal amount to **US$ 42 million** for the Health Cluster (including WHO). Total funding requirements for WHO are **US$ 14.1 million** (under both the Health and WASH clusters).

- **Australia**
- **Estonia**
- **Finland**
- **Norway**
- **Russian Federation**
- **UN Central Emergency Response Fund**

**WHO Nepal Earthquake Response Funding Status**

- **$3.6 million** (26%)
- **$10.5 million** (74%)

WHO Total Funding Requirements: **$14.1 million**

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