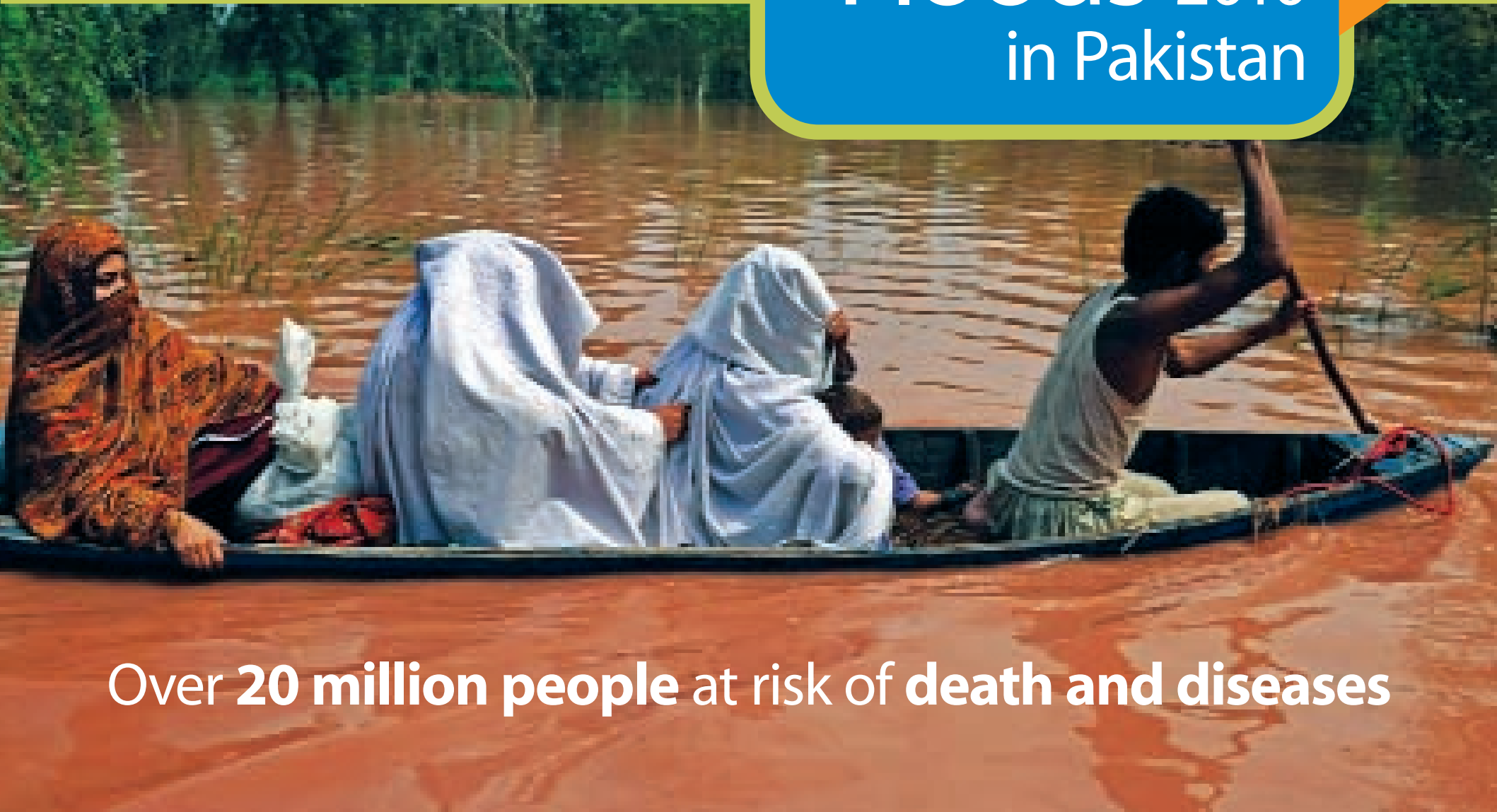




World Health
Organization

Response to the Floods 2010 in Pakistan



Over **20 million** people at risk of death and diseases

WHO works closely with Member States, international partners, and local institutions to help communities prepare for, respond to, and recover from emergencies, disasters and crises.



In the last five years WHO together with health cluster partners has effectively responded to 3 major humanitarian crises in Pakistan:

- ▶ **Earthquake** – 2005
- ▶ **Insurgency and displacement** – IDP crisis 2009
- ▶ **Floods** – 2010

- ▶ Saving lives and reducing suffering in times of crises
- ▶ Building efficient partnerships for emergency management and ensuring these are properly coordinated
- ▶ Advocating for political support and consistent resources for disaster preparedness, response, and recovery

WHO

- ▶ Developing evidence based guidance for all phases of emergency work in the health sector
- ▶ Strengthening capacity and resilience of health systems and countries to mitigate and manage disasters
- ▶ Ensuring international capacity is available to support countries for emergency response through training and establishment of surge capacity.

“ While it is clear that the magnitude of the disaster is a challenge for the international humanitarian community, WHO is working tirelessly in tandem with other agencies to most effectively mitigate the potential of life-threatening health crises.”
Dr Margaret Chan, WHO Director General

in emergencies

Emergency Preparedness and Humanitarian Action (EHA)



The **Flood** Context

Over **1700**
deaths

over **20**
million
people
affected

About
1/5 of
Pakistan
flooded

Health risks due to
lack of shelter,
food insecurity,
poor sanitation and
lack of safe water have
dramatically increased

514 health
facilities damaged
or destroyed

**“Over 60 years of
development and investment
in the health sector washed away”**

Dr Hussein A. Gezairy
Regional Director, WHO Eastern Mediterranean Region



Integrated Relief and Return Support Strategy

WHO's response is based upon the strategic pillars of coordination and information management, prevention and control of communicable diseases and ensure access to health care services.

WHO, UNICEF and the World Food Programme are working together to address the major determinants of health of affected population namely access to food, provision of safe drinking water, hygiene and sanitation and essential health care.



Displacement of people, overcrowding, poor sanitation and hygiene and stagnant waters have increased the risk of communicable disease outbreaks in IDP camps as well as in host communities.

Communicable Diseases

An extensive surveillance system has been established for timely detection of and response to epidemics. To date, widespread outbreaks of life threatening diseases such as Cholera, Bloody Diarrhea, Measles, and Malaria have been averted.

- ▶ Over 450 surveillance officers are active in 64 severely affected districts reporting diseases on daily basis
- ▶ Water testing and disinfection are ensured in camps and health facilities to provide potable water
- ▶ 50,000 malaria rapid diagnostic tests and full course treatments, 150,000 insecticide-treated bed nets and insecticide spraying provided
- ▶ 3.5 million children vaccinated against measles and other vaccine preventable diseases
- ▶ Health education and communication campaigns carried out to disseminate health protection messages



Health Care

To restore functionality of health service delivery, WHO together with the Federal Ministry of Health, Provincial Health Departments and NGOs – partners of the Health Cluster – deployed 1200 mobile medical teams and established 350 static health services points.



More than 7 million people have received treatment for acute and chronic diseases



62 diarrhoea treatment centers have been established to date in high risk communities



Essential medicines have been provided for 5.5 million people



Support is provided for reproductive health and neonatal care

WHO is supporting three nutrition stabilization centres in Sindh province that have treated 523 children to date. Many of these severely malnourished children would have died without adequate and timely medical care.

“Alarming high levels of endemic malnutrition coupled with communicable disease threats exacerbated by floods require that we sustain our health interventions beyond the relief phase.”
Dr Guido Sabatinelli, WHO Representative for Pakistan

WHO has established four outpatient therapeutic programmes in camps in Southern Sindh. Referral services have been ensured by providing ambulances to serve populations on a long term basis.

Health Cluster



Over 90 partners expanding the reach of health services to people in critical need

Health Cluster leadership by WHO

- ▶ Coordination in Sukkur, Multan, Hyderabad, Quetta and Peshawar; Dadu next in line following evolving humanitarian priorities
- ▶ Technical and epidemiological support to cluster partners to ensure quality of care for life threatening diseases like Cholera, Dengue, Crimean-Congo Hemorrhagic Fever, Malaria and vaccine preventable diseases
- ▶ Information management and operational support to health cluster partners in mapping health threats, assets, critical gaps and delivery of health care
- ▶ Resource mobilization, advocacy and brokering to keep health high on agenda for the humanitarian health partners and the donor community



WHO operations

WHO has mobilized all assets at global levels for this crisis and commissioned support from partners worldwide.

WHO Head Quarters and Regional Office for the Eastern Mediterranean have provided continuous technical and operational support.

Leading specialists in different disciplines have been seconded from CDC, Atlanta, International Diarrheal Disease Research Center, Bangladesh, and GORAN network ensuring evidence based, targeted and high quality interventions.

Operations are run through a central office in Islamabad and six hubs at districal level.



Two Strategic Health Operations Centers – at WHO Country Office and HEPRN, MOH at Pakistan Institute of Medical Sciences – have been set up

Information produced and disseminated regularly through documents, reports, maps and website (www.whopak.com)

WHO has so far deployed/recruited 36 international and over 450 local staff

The Logistic Support System has been implemented to increase the capacity of health authorities and efficiency of supply chain, and ensure proper tracking goods and stocks



Polio

Concurrent to flood emergency, Polio has re-emerged in the north-west of the country and in a few districts in Punjab and Sindh with over 90 cases.

This public health threat endangers the Global Polio Eradication efforts. A comprehensive package of interventions that will facilitate access in conflict-affected areas and ensure full coverage of quality vaccination is under implementation.



Unforgotten emergencies

EARTHQUAKE 2005

Over 70,000 dead, 150,000 injured, 3 million people left homeless, and over 800 health facilities significantly damaged or destroyed on October 8. Rehabilitation and reconstruction of health infrastructures is still in progress to restore full functionality of health services.

IDP CRISIS 2009

Two million people fled the armed conflict, the biggest internal displacement in recent history. Over 700,000 displaced still in camps in KP or residing in host communities in KP and FATA. A significant proportion of these IDPs has been hit again by the current floods and are in need of continued support.



The way forward

- ▶ Integration of early recovery efforts with rehabilitation and reconstruction strategy
- ▶ Focus on food insecurity, exacerbation of poverty and their impact on health
- ▶ Bridge between recovery and sustainable development
- ▶ Focus on emergency preparedness and community-based disaster risk reduction

▶ For more information, please contact:

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