Post-EQ Health Response in Pakistan and the Need to Support Recovery

the WHO experience & contribution in emergency and transition

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WR Pakistan

Geneva, Friday 05 May, 2006

Time: 13.30 - 14.30
Room: C202

Health Action in Crises
http://www.who.int/disasters/
2.5 million homeless, 20% were estimated to be displaced from their area of origin

Around 73,000 dead

More than 150,000 injured, half of them with serious conditions

509 health facilities between destroyed and seriously damaged
Some Major Health Input During the Relief Operation

- Assisted Gov to coordinate 50 health partners through the Cluster approach

- All major hospitals were operationalized and 35 additional field hospitals established in the affected areas

- Support to 150 BHUs and RHCs activated mostly through WHO/gov and other partners providing primary health care—over 600 professionals, 20 medical colleges and provincial health departments engaged by MOH & WHO

- Comprehensive PHC and other social services provided to 300,000 camp dwellers and 350,000 above the snow level

- Re-activated over 70 diagnostic and treatment TB/DOTS units

- Mobile services were organized to make it possible for women to access safe delivery
Some Major Health Input During the Relief Operation

- Activated DEWS and vaccinated over 900,000 children against childhood diseases
- Offered psychosocial and mental health services to earthquake affected population
- Rehabilitated water supply system in many urban and rural areas
- Organized extensive health promotion and education campaigns in the area
- Prepared over 25 technical guidelines i.e. field hospitals, drug donations, service packages, disease control interventions, use and procurement of vaccine and other biologicals
- Data-base for the disabled prepared to facilitate their subsequent rehabilitation
Proportion of Reported Health Events
Earthquake Affected Areas, Pakistan, 15 October – 14 April, 2006

All age groups
- OTH: 59%
- ARI: 24%
- FUO: 5%
- INJ: 5%
- AWD: 6%

N=(1,877,425)

Less than 5 years
- OTH: 47%
- ARI: 33%
- FUO: 5%
- AWD: 10%
- INJ: 6%

N=(474,570)

More than 5 years
- OTH: 63%
- ARI: 21%
- FUO: 4%
- AWD: 5%
- INJ: 6%

N=(1,402,855)
Weekly Distribution of Acute Respiratory Infections
Earthquake Affected Areas, Pakistan, 15 October - 14 April, 2006

No. Cases (n=456,556)

Weekly Distribution of Acute Respiratory Infections
Earthquake Affected Areas, Pakistan, 15 October - 14 April, 2006

Field Hospital, Inpatient, Muzaffarabad

Epidemiological Week
Weekly Distribution of Acute Diarrhoea
Earthquake Affected Areas, Pakistan, 15 October - 14 April, 2006

Field Hospital, Inpatient, Muzaffarabad
Outbreak Alerts and Response: 15 October-14 April, 06

203 Alerts; 10 Outbreaks and,
175 Potential Averted Outbreaks

Measles; 16 Alerts of more than 5 cases, 6 outbreaks: Muzaffarabad, Bagh, Battagram, H-11 camp

Acute Viral Hepatitis; 3 Outbreak: Bagh, Balakot, Rawalakot

Meningitis; 1 laboratory confirmed Neisseria Meningitis

Acute Watery Diarrhoea; 1 Outbreak: Muzaffarabad
B. Diarrhoea; 5 outbreaks: Muzaffarabad, Bagh, Battagram, Mansehra, Rawalakot

AFP; No confirmed cases

Malaria; confirmed cases: Rawalakot

AHF; No confirmed cases

Alert/Disease
Weekly Outbreak Alerts and Response
Earthquake Affected Areas, Pakistan, 15 October - 14 April, 2006

Week No. Alerts (203)
Pakistan Poultry from Gilgit to Karachi

Areas of Poultry Concentration
- **Punjab**: Rawalpindi, Islamabad, Murree, Lahore, Sheikhupura, Faisalabad, Sumundari, Kamalia, Multan
- **Sindh**: Karachi, Hyderabad, Sukhar
- **Balochistan**: Hub, Quetta
- **NWFP**: Peshawar, Abbottabad, Mansehra
- **AJK**: Muzafarabad
- **NA**: Gilgit
Environmental Health
Earthquake Affected Areas, Pakistan, 2005

**FOCUS ON:**

Provision of safe drinking water and sanitation work to health care facilities

WHO established partnerships with NICEF & OXFAM for the provision of drinking water schemes and sanitations services to a large Number of BHUs, RHCs and to 3 DHQs, and 2 field hospitals.
Earthquake Related Disabilities

- **Amputations (=713)**

  The 713 Amputees Admitted in The Hospitals of Islamabad, Rawalpindi, Lahore, NWFP and AJK
  (By Gender and Age)

- **Spinal Injuries= (n=741)**

  The 741 Spinal Injury Patients Admitted in The Hospitals of Islamabad, Rawalpindi, Lahore, NWFP and AJK
  (By Gender and Age)
Early Recovery and Rehabilitation
“Health Interventions”

Expected Outcomes

- Post-relief health status of the EQ affected population preserved during the transition phase
- Avoidable mortality and morbidity averted
- Local and district health services enabled to implement a comprehensive package of essential services and,
- A functional referral support linking the PHC network of services developed
Post EQ Recovery and Rehabilitation Phase
And the Challenges facing the Health sector

1. Large number of primary and secondary care international and national providers leaving the scene and creating gaps and uneven health coverage.

2. ERRA leadership of health recovery and reconstruction coordination requires redefinition of health sector and partners’ roles at district, provincial and federal levels.

3. Large population groups returning to their villages with disrupted social services face the challenge of accessing to health services especially maternal and newborn care.
4. DEWS and epidemic response interventions will require reorganization, capacity building and full integration to DHS functions

5. Shrinking access to safe drinking water will pose additional risks of disease outbreaks

6. Severely disrupted district health systems with no relief-phase pack-up services and depleted human resources require technical and managerial capacity building for their revitalization
7. Emerging challenges related to shelter and livelihoods constrained by the forthcoming monsoon and harsh winter will have direct effect on health and nutrition.

8. Emerging demand for community based rehabilitation (CBR) for the disabled and the greater need for psychosocial support and mental health will require the development of new skills and capacities.

9. Logistic support system (LSS) for maintaining a well managed supply chain of medicines, other supplies and logistics will need to be integrated as a core function of the DHS.
How effective was WHO in Relief Operations?
“Reflections by Donor Partners”
Joint DFID, ECHO, WHO; March 26-April 2

Acknowledged Performance

i. Lessons learnt from Tsunami taken on board and mistakes and gaps avoided

ii. Self critical attitude was taken on by WHO which allowed correction in an early stage

iii. Open door policy for technical information sharing and back-up coordination support?

iv. Early use of Logistic Management Support (LSS) database system prevented gaps in drug donations and distribution

v. Psychosocial consequences of the affected population were promptly addressed and led by WHO

vi. DEWS implementation through all partners’ participation was effective in guiding epidemic control interventions

vii. Support to PHC services at rural level was instrumental in broadening access to care
What Advice Partners Had for WHO During this Early Recovery Period?

Joint DFID, ECHO, WHO; March 26-April 2

Focus on Areas of WHO Comparative Advantage

i. WHO active involvement in the ER phase is necessary and requires solid public health expertise

ii. The need for psychosocial support and mental health is so big but needs to be integrated into PHC

iii. Support for CBR essential

iv. Intensive and well planned DHS capacity building with focus on PHC reorganization required

v. WHO to expand its technical assistance to DEWS and integrate it to the health system

vi. Support the planning and establishment of Health Disaster Management Cell with MOH where

Areas considered by the mission to be within WHO comparative advantage: DEWS; Disease Control; Assistance to health system recovery; Procurement of vaccines, reagents and specialized public health commodities
**Programme Components** | **Required funding** US$
---|---
I. Support the implementation of essential PHC services through prefab and permanent facilities that integrate mental health and CBR | 1,500,000
II. Reorganizing and integrating DEWS to the district outbreak alerts, investigation and response interventions | 2,100,000
III. Assist technical and managerial coordination of health intervention, monitor performance, identify gaps and promote evidence based decision making | 1,000,000
IV. Community Based rehabilitation for people with disabilities (PWD) in the earthquake affected areas as integral component of HHC | 300,000
### WHO Proposed and ERRA Approved Early Recovery and rehabilitation Intervention Plan

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<th>Programme Components</th>
<th>Required funding US$</th>
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<tr>
<td>V. Support endemic and emerging communicable disease control interventions through capacity building on surveillance, epidemic investigation, micro-planning, laboratory support &amp; stockpiling</td>
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<td>VI. Assist disaster preparedness, planning and training at district and provincial level</td>
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<td>VII. Management of infectious and solid waste in health facilities to control nosocomial infections and improve occupational and environmental health</td>
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<td>VIII. Support human resources reorganization and capacity enhancement: district team management skills, training female worker &amp; community health workers and consolidate monitoring and supervisory skills</td>
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Humanitarian Relief Operation

The eyes of the Media and the World were Rightly on Pakistan!

We were successful and “lucky” because we were prepared
Humanitarian Early Recovery Operation

This time the eyes of the victims are on us. They need our help to complete this risky journey.
## WHO Health Relief Operation Partners

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**Thank you**