



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
117th Session
Provisional agenda item 4.1

EB117/30
16 January 2006

Earthquake in south Asia: WHO's response

Report by the Secretariat

1. On 8 October 2005 an earthquake of magnitude 7.6 on the Richter scale, with its epicentre north-east of Islamabad, struck parts of northern Pakistan, India and Afghanistan, affecting an area of more than 28 000 square kilometres. Requests for humanitarian international assistance came mainly from Pakistan, where federal government reports indicate more than 73 000 dead, about 70 000 seriously injured and another 59 000 with minor injuries, and about three million people homeless, most of whom live in remote, difficult-to-access areas. This document describes relief efforts in that country¹ and, briefly, WHO's activities in India.

PAKISTAN

2. In Pakistan (as in India) local and national authorities rose to the challenge and immediately launched search and rescue operations in difficult terrain. The onset of winter has brought heavy snow and a dramatic drop in temperature, and the rugged terrain and weather may prevent assistance from reaching some communities. Provision of adequate shelter remains a challenge: so far, around 117 000 tents have been distributed providing shelter for about half those made homeless, and another 192 000 tents are expected. By the end of November, tents for hospitals and outreach medical services were still urgently needed.

3. More than three million people need basic health care. Priorities include defining the immediate recovery needs of the sector, restoring primary and secondary health services and strengthening human resources. Prostheses and rehabilitation services for amputees and those with spinal cord injuries are in great need.

The response

4. The strategic elements of the initial health response agreed by WHO and the Ministry of Health included (a) systematically assessing needs and prioritizing actions; (b) revitalizing primary and referral care services; (c) promoting hygiene and sanitation; (d) coordinating the work of health partners; and (e) establishing an early warning disease alert and response system.

¹ Further information on the response in Pakistan of national and local partners can be found on the country's Federal Relief Commission web site: <http://www.earthquakepakistan.com/>.

5. In the immediate aftermath of the earthquake, more than 100 teams of skilled national and international health personnel were deployed with basic medical kits, supplies and equipment in order to provide immediate health care. Thousands of injured people received medical and surgical attention, and more than 20 000 critically injured survivors were evacuated by air to hospitals in the major cities in Pakistan. Trauma care has been the first priority, followed by the vital need to restore primary and preventive health care. By the end of November, 16 field hospitals and 44 basic health units in all affected areas had been registered as functioning health facilities, and some 2000 health workers from outside assistance agencies (international and national) were working in Pakistan.

6. The disaster has placed a tremendous burden on national and local health systems in the country. Thanks to dedicated local and national relief efforts in the immediate aftermath, the response was mobilized in a timely and effective manner.

WHO's contribution to the response

7. The main objective of WHO's emergency programme in Pakistan is to provide support to the health sector in revitalizing the primary health care system and hospital and referral care services; activating a disease-surveillance and early-warning system; establishing emergency relief operations including coordination and information management; ensuring environmental health; and meeting maternal and child health and mental health needs.

Revitalizing the primary health care system

8. The rapid restoration of the primary health care system has been made a high priority. Together, the Ministry of Health and WHO have mobilized 28 combined surgical/public health/medical teams to provide outreach services to remote areas. WHO has supplied basic health and surgical kits to each team.

9. In total, 100 prefabricated basic health units will be installed in rural areas to replace health centres destroyed in the earthquake. The establishment and maintenance of these primary health care stations will be funded jointly by WHO and UNICEF and installed with assistance from the United Nations Office for Project Services.

10. WHO staff have implemented mass vaccination campaigns against measles, diphtheria, poliomyelitis and tetanus. WHO also coordinated a vaccination campaign against meningitis with UNICEF. Tuberculosis clinics have been re-established in several areas.

11. To meet obstetric, maternal and child care needs, baseline indicators for maternal and infant mortality and morbidity are being assessed and technical guidance provided.

12. New Emergency Health Kits, with trauma and supplementary units, have been provided to the Ministry of Health and to concerned nongovernmental organizations. The kits contain enough supplies to provide care for more than 300 000 people for three months.

Revitalizing hospital and referral care services

13. A detailed assessment of the health situation, including structural damage to health facilities, has shown that some 320 health institutions were destroyed, 44 were partially damaged and 171 remain functional. In some locations, more than 80% of the health infrastructure was destroyed.

14. By determining the capacity for referring patients for local care in the affected regions, WHO has enabled the Ministry of Health and international organizations to reduce the number of medical evacuations and ensure prompt local treatment of the sick and injured. WHO has provided essential medical equipment, surgical kits and, with UNICEF and UNFPA, 22 ambulances.

Activating a Disease-Surveillance and Early-Warning System

15. A system for disease surveillance and early warning and response, consisting of weekly reports from health facilities complemented by the possibility of immediate alerts, has been established and needs to be expanded. All major health agencies are reporting to the Ministry of Health and WHO using standard case definitions and reporting forms.

16. Reports from sites belonging to this system show increased numbers of cases of acute respiratory infections and diarrhoeal diseases, and sporadic cases of measles, diphtheria and meningitis since the earthquake. This information has been forwarded to partners, resulting in swift preventive action. The control of more than 700 cases of acute watery diarrhoea through early detection and rapid response, in one camp that formed and grew spontaneously in Muzaffargarh, exemplifies well the effective collaboration of the Ministry of Health, WHO and partners.

Coordination and information management

17. The Joint Pakistan Ministry of Health/WHO Emergency Coordination Centre was established during the first week of the disaster, providing telecommunication, mapping and coordination facilities. WHO field offices have been established in six locations in the affected areas. Regular meetings are held in all locations. A WHO *Situation Report* is being regularly disseminated.

18. WHO is the lead agency of the United Nations Inter-Agency Standing Committee Humanitarian Health Cluster, which brings together national and international health partners in order to improve the delivery of humanitarian assistance to affected populations. A forum for members of the Cluster, established immediately in Geneva and Islamabad and later in the affected areas, is used to exchange information on the evolution of the health situation. A *Consolidated Health Situation Bulletin* is being issued weekly.

19. More than 60 international and 80 national staff from a wide range of disciplines were deployed by WHO in Pakistan during the first 30 days since the earthquake.

Environmental health measures

20. WHO has assessed the environmental conditions in the refugee camps under the aegis of the Inter-Agency Standing Committee Water and Sanitation Cluster and in collaboration with other United Nations partners. WHO has been active in restoring basic water and sanitation systems in health facilities and providing advice on clinical waste management. Water-purification tablets have been distributed and health-education activities conducted in all types of camps and settlements. Further measures have been taken to supply drinking-water to the people in the camps, and in Rawalakot, WHO helped local authorities to rehabilitate the water supply and ensure the hospital's access to clean water and sanitation services.

Maternal and newborn health

21. More than 13 000 pregnant women are expected to give birth each month in the affected areas, with complications expected in about 2000 cases and in 1500 newborns. Their survival depends on appropriate and timely emergency care. Information on maternal and newborn health status, including mortality and morbidity, availability of service providers and use of services is limited. Over and above the severe damage to existing health facilities, the paucity of female health providers has significantly affected care-seeking behaviour for women in these districts.

22. WHO has assessed needs with UNFPA and drawn up a plan to support maternal and newborn health services, with interventions, in collaboration with partners, to improve the quality of services (including training as required) and to ensure skilled care during pregnancy and childbirth. A full-time technical expert is being recruited to coordinate implementation of the plan.

Mental health needs

23. WHO provided immediate support to the Ministry of Health by assessing mental health needs and preparing action plans, with technical assistance in the form of documents and training manuals. It is facilitating the field operations of the Ministry's mental health teams and helping to train staff in health and other sectors in the provision of basic mental health care.

Funding

24. WHO has requested more than US\$ 27 million for its emergency operation in Pakistan under the United Nations South Asia Earthquake Flash Appeal, of which more than US\$ 14.4 million (i.e. over 50% of the amount requested) had been received by early December. Nearly US\$ 7 million has been spent in the first eight weeks since the earthquake, mainly on emergency supplies (almost 70%) and the rest on staff and operational costs.

Recovery phase

25. The emergency phase will continue through the winter but international assistance will be needed beyond that period in order to consolidate restored services and ensure the recovery process.

26. Working with the World Bank and Asian Development Bank, WHO has conducted a preliminary needs assessment for the reconstruction of the health sector, and is coordinating more detailed assessments with other partners. It is working closely with the Ministry of Health to implement a government-led strategy for recovery and reconstruction.

WHO's RESPONSE IN INDIA

27. In India, the earthquake affected mostly the Indian-administered area of Jammu and Kashmir, killing about 1300 and injuring more than 6600 people. Severely injured patients were air-lifted to Srinagar for emergency care. Health facilities in the area have been seriously damaged and health services disrupted. National authorities also provided medical care; immediately after the earthquake, four medical teams with more than 30 specialized doctors and stocks of essential medicines were rushed to affected locations.

28. WHO supported the health sector as part of its in-country Emergency Preparedness and Response programme. Its activities included assessment of priority health needs, providing medical supplies, ensuring the availability of technical guidelines, and giving financial support to the relief activities of the Indian Red Cross Society.

LESSONS LEARNT FROM THE EXPERIENCE IN PAKISTAN

29. WHO's strategic work in emergencies seeks to ensure that lessons learnt from previous emergencies are absorbed and applied in order to enhance in-country preparedness and the Organization's readiness to assist Member States in future crises. WHO's operations in Pakistan are being reviewed as part of a larger assessment of the Humanitarian Health Cluster's response to this disaster. The lessons learnt will be used to ensure that countries are better prepared to cope with disasters and mitigate their effects.

30. Several innovations in the organization of emergency relief operations have resulted in greater efficiency and more focused actions. In particular, operational management and decision-making processes were moved inside the country. The establishment of the Joint Pakistan Ministry of Health/WHO Emergency Coordination Centre in Islamabad and joint management cells in the affected areas has improved coordination and information-sharing at all levels.

31. As the immediate response and the main part of the rescue and relief work were shouldered by local, provincial and federal health authorities, greater emphasis should be placed on improved emergency preparedness at local and national levels.

32. WHO's expertise and other resources were quickly mobilized to the affected areas but often at the expense of other WHO public health programmes. Emergency preparedness at all levels of WHO should be strengthened to foster greater efficiency.

33. Two key areas of work that were insufficiently involved in the initial phase of emergency response were maternal and child health care and mass casualty management and should be included as major elements at all stages from preparedness to response and recovery. They should also be incorporated as essential components in humanitarian appeals.

34. An initial review by the Secretariat in November identified the rapid turnover of experts and operational managers, difficulties in replacing such staff, logistical constraints and delays in obtaining reliable health information and formulating comprehensive workplans as the main problems. Emergency procedures and protocols need to be strengthened and operational roles and responsibilities among partners at all levels clarified.

ACTION BY THE EXECUTIVE BOARD

35. The Executive Board is invited to note the report.

= = =