



Press Release

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BEGIN

Step up health care delivery in IDP hosting communities

27 June, 2009 | ISLAMABAD -- The total number of internally displaced people (IDPs) by ongoing fighting in northwest Pakistan rose from 209,136 in January 2009 to reportedly more than 2 million in June¹, ninety percent of which are living in host communities where life-saving health care services that are either already limited or have now reached a breaking point.

Urgent support is needed to immediately fill the alarming and widening gap between increasing health needs and available health service provision in communities hosting this acute increase in numbers of IDPs. Critical shortages in medicines and staff, particularly female health workers, are already being reported from some areas.

The World Health Organization (WHO) and health cluster partners recognize the commendable efforts made by national and international health service providers in Pakistan to respond to the most urgent health needs of IDPs accommodated in IDP camps of the North West Frontier Province (NWFP) as well as those in host communities. However, in wake of increasing influx of IDPs in host communities, coupled with exhaustion of coping capacities at host community levels, there is a growing concern about the health situation of the displaced, especially children, pregnant women, chronically ill and elderly, living within host communities.

WHO urges the international community to be more responsive in light of the scarcity of resources to respond adequately to increasing health needs. For the displaced and host populations, there is also a serious risk of outbreaks of communicable diseases, such as acute watery diarrhoea, measles and acute respiratory infections, all of which have potential for high mortality especially among children.

"Hundreds of thousands of people are vulnerable and living in a high risk environment, underscoring the need for a well-funded, strategic and coordinated response by the health partners to mitigate these risks," said Dr Khalif Bile, WHO Representative to Pakistan.

¹ These figures being verified by the National Database Registration Authority (NADRA)

For further information and media assistance, please contact

Dr Mateen Ahmed Shaheen

Technical Officer, EHA

Mobile: 0300-8470025

shaheenm@pak.emro.who.int

Zeeshan Ahmad Qamar

Communications & Information Officer, EHA

Mobile: 0333-5104259

gamarz@pak.emro.who.int

To strengthen health systems in this crisis, there is an urgent need to fill the funding deficit (only 27% of HRP funded thus far) to provide gender and culturally sensitive health services; latter further underscored by local cultural practices where women clearly have a strong preference for female doctors and health care workers currently underrepresented in IDP camps and hosting communities.

It is clear that the health needs of IDPs and subsequent demands on host communities will only increase as a result of continuing displacements. Health risks will be compounded as displaced people and the communities hosting them will find it harder to cope with the crisis. The forthcoming monsoon season will further exacerbate the threat of communicable disease outbreaks.

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