



**Press Release**  
**July 10, 2009**

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**WHO steps up emergency response to Pakistan crisis**

10 JULY 2009 | ISLAMABAD - The World Health Organization is ramping up its health response to the Pakistan's humanitarian crisis by buying ambulances and millions of courses of additional medicines, plus building new warehouses, to improve health care for the approximately 2 million internally displaced people and the many more hosting them in northwest Pakistan.

"WHO is providing the technical know-how on how best to treat patients, deliver services and safeguard drinking water," said Dr Khalif Bile, WHO's representative to Pakistan. "But delivering emergency medical care to the displaced and those in host communities also demonstrates WHO's role as lead agency in the overall Health Cluster response to the crisis."

Many of the supplies are being provided before the coming monsoon (due to start later July) to prepare health providers across the country, particularly in areas where people have fled the violence to, for communicable disease outbreaks, including diarrhoeal, that the people contract.

WHO is buying 22 ambulances, worth an estimated US\$ 850 000, for health services in the 11 most affected districts, where major gaps have been identified in the system of patient referral between basic and higher levels of medical care. The first seven ambulances will be handed over to Pakistani health authorities in August. These ambulances will improve, for example, the referral of patients from basic health units in displaced people's camps to secondary and tertiary level hospitals for pregnancy complications, safe blood transfusions, acute surgical emergencies, trauma care and other complicated conditions.

WHO has already provided essential medicines to treat 780 000 people since August 2008, when people first started being displaced from northwest Pakistan due to flooding and conflict. But many more are needed.

WHO plans to supply more drugs from now through to the end of the year that can treat at least 3 million people. But WHO has received less than half of the US\$ 10 million requested to purchase the entire range of medicines it needs. Overall, WHO and its health partners are requesting US\$ 37.6 million to provide essential health services from July-December. So far just 25% has been funded or pledged.

Ahead of the monsoon season, which could fan diarrhoeal disease outbreaks, WHO will deliver intravenous fluids, oral rehydration salts and antibiotics in 500 diarrhoea disease kits that can treat 50 000 severe cases or 20 000 moderate, costing US\$ 725 000. WHO has helped set up 12 diarrhoea treatment centres in the five districts where IDPs have fled to. Additionally, WHO is purchasing medical supplies to treat upwards of 1000 people suffering from wounds and other conflict-related injuries which require surgical interventions, costing approximately US\$ 215 000.

"A massive logistics effort is needed to deliver and safely store life-saving drugs and equipment to affected areas," said Dr Bile. "Equally important is to the need to strengthen the system referring patients by ambulance from lower to higher levels of care."

To store these medical supplies, WHO is building five new warehouses, at a cost of approximately US\$ 300 000, in several locations close to the affected people. The first two warehouses are being built in the Peshawar and Mardan districts where "health hubs" are being established and have a combined storage capacity of 500 square metres. Environmental engineers, pharmacists, disease surveillance officers and logisticians are being stationed at the hubs. Another warehouse, some 1000 square metres in size, is being newly leased in Islamabad.

WHO will supply 50 KVA generators to 11 district headquarter hospitals to ensure operating theatres and life-saving interventions can run 24 hours a day, costing US\$150 000. WHO is erecting tents in the seven major IDP camps for Health Cluster partners to coordinate activities and fill gaps in health services.

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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