



WHO Emergency Appeal
Health Crisis in Flood-Affected Pakistan
September 2022- May 2023

Current Situation and Impact on Health

AT A GLANCE

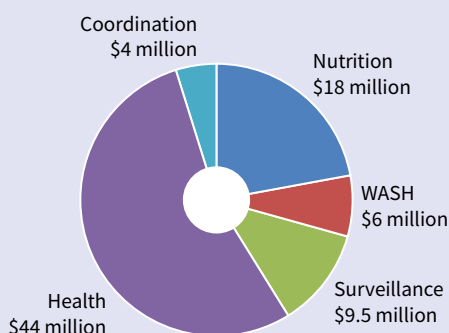
-
- 33** million people affected
-
- 8.2** million people in need of health assistance
-
- 6.4** million people targeted
-
- 600,000** persons displaced
-
- 10%** of all health facilities damaged or destroyed
-
- 1+** million houses destroyed
-
- 32** priority districts targeted by WHO's immediate response
-

WHO'S PRIORITIES

- Ensure a well-coordinated national and sub-national response;
- Rapidly expand access to an integrated package of essential health services in 32 priority “calamity hit” districts;
- Strengthen and expand disease surveillance, outbreak prevention and control;
- Immediately ensure effective management of children suffering severe acute malnutrition with complications, including through enhancing nutritional surveillance;
- Support water quality surveillance and improved WASH in damaged health facilities, in collaboration with relevant stockholders.

WHO's funding requirements (September 2022-May 2023)

Total: US \$81.5 million



The recent devastating floods that hit Pakistan have severely impacted the lives of **33 million people** and considerably elevated the risk of a public health disaster.

As of 30 September, the floods have killed over 1,500 people and injured over 12,000 people. More than 116 districts have been affected, with 84 declared as ‘calamity hit’. A million homes have been damaged or destroyed, over 600,000 persons displaced, and 700,000 livestock destroyed.

According to the National Disaster Management Authority (NDMA), 2,000 health facilities, representing **10% of all health facilities in the country have been either damaged or destroyed. As a result, over eight million people in flood-affected districts are in urgent need of health assistance.** WHO is concerned about the risks of increased illnesses and deaths, particularly since water has still not receded in many areas of Sindh – the most affected province – and stagnant water here as well as in other provinces continues to pose a significant health threat.

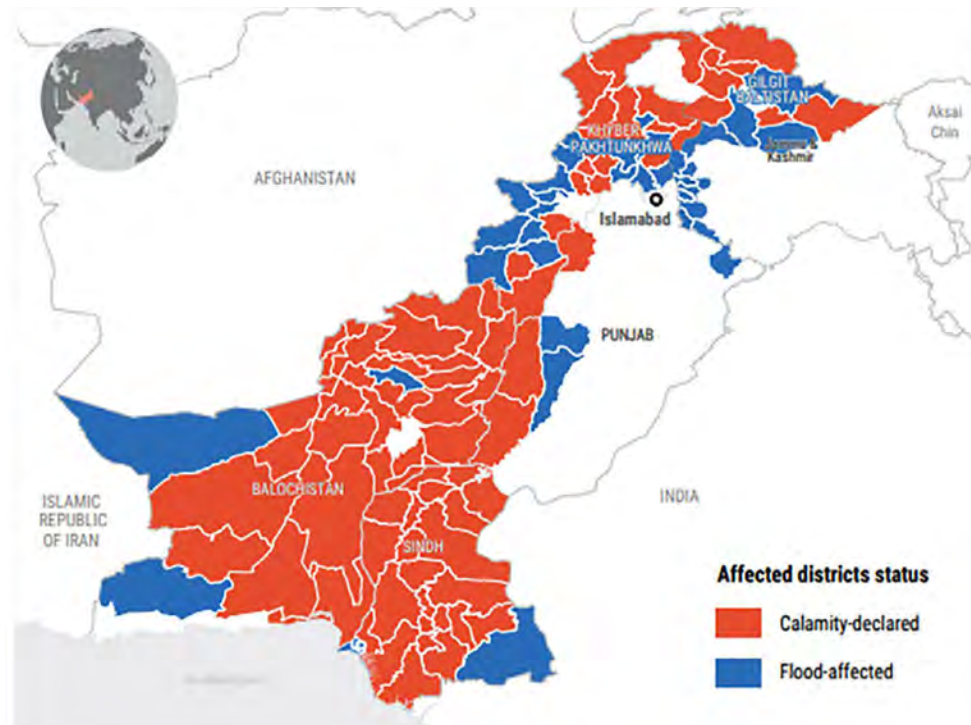
According to the assessment conducted jointly by WHO and UN Office for the Coordination of Humanitarian Affairs (UN-OCHA) in mid-September 2022, **less than 50% of all people needing health services are currently able to access health facilities.** This is alarming given the already fragile context that displaced populations find themselves in – without adequate shelter, food and in crowded, unsanitary surroundings. In addition, pregnant women and lactating mothers in these settings are at increased risk of life-threatening complications.

The risks of disease outbreaks is particularly high. Recent surveillance data from district and provincial authorities indicates spikes in the number of cases of **malaria** (with numbers almost doubling in some areas), **dengue, and acute watery diarrhoea**, particularly in Sindh and Balochistan provinces.

Cases of **Severe Acute Malnutrition (SAM) with complications** are also on the rise. Given that the percentage of children with SAM rates above emergency thresholds was already high in flood-affected areas of Sindh and Balochistan, these increases are extremely concerning.

Floods have also **disrupted immunisation campaigns, expanded programme on immunization (EPI) surveillance efforts, the cold chain as well as the treatment of chronic disease**, such as tuberculosis (TB) and human immunodeficiency viruses (HIV). **The nationwide polio vaccination campaign has also been disrupted**, which is concerning as Pakistan is one of the two remaining polio-endemic countries in the world. The transmission of **COVID-19** also represents an important

Calamity-declared and flood-affected districts



health risk, especially for those who have been displaced into camps.

Stocks of essential medicines and medical supplies have been washed away or are critically low, and transport infrastructure has been severely damaged, making **access to essential health services extremely challenging**. According to the NDMA Monsoon Situation Report of 23 September 2022, 13,074 kms of roads and 392 bridges have been washed away.

Disease surveillance activities have also been compromised. The Integrated Disease Surveillance and Reporting System (IDSR), only functional in 45 of the country's 160 districts, is not currently implemented in many of the calamity-hit districts and does not have an early warning component linked to response. It is therefore **urgent to ensure active disease outbreak detection and rapid response**.

WHO's Health Response

Under the leadership of national and provincial authorities, WHO has quickly acted with its partners to protect health and deliver essential health services. WHO has **contributed to the provision of essential services for displaced populations through static and mobile camps and procured and distributed medicines and medical supplies** to address the impact on health. The organisation has also provided

a **platform for daily coordination meetings**, enabling national level planning, and has put in place **ten Emergency Operations Centres (EOCs) and three operational hubs in Sukkur, Naseerabad and Hyderabad**. In addition, WHO is **co-chairing the Health Sector (HSC) coordination meetings**, with the Ministry of National Health Services and Regulation and Coordination.

Strategic Response Priorities

Moving forward, in line with national response plan, the updated UN Flash Appeal, and in close coordination with relevant partners, including UN agencies, WHO is prioritizing the following response objectives:

- Ensure a **well-coordinated national and sub-national response**;
- Rapidly **expand access to an integrated package of essential health services** in 32 priority "calamity-hit" districts (prioritized by the NDMA);
- Strengthen and expand **disease surveillance, outbreak prevention and control**;
- Immediately ensure **effective management of children suffering severe acute malnutrition with complications**, including through enhancing nutritional surveillance;
- Support **water quality surveillance and improved WASH** in damaged health facilities, in collaboration with relevant stockholders.

Map showing districts for WHO - EOC, Hubs and Sub offices for flood response



These objectives have been defined based on WHO’s comparative advantage, technical expertise, and operational capacity and presence on the ground, including its vast vaccine preventable disease (VPD) surveillance architecture, its provincial offices, as well as the recently established ten EOCs and three operational hubs for flood response in Naseerabad, Sukkur and Hyderabad.

Strategic response priority one

Ensure a well-coordinated national and sub-national response

Strengthening coordination at national and sub-national levels remains critical to ensure stronger linkages between national authorities and provincial departments of health, as well as between response

partners and between sectors. WHO’s activities in this area will include ensuring and coordinating key assessments; organising coordination meetings with provincial departments, line ministries and other sectors relevant to the health response including WASH, Nutrition and Food Security; putting in place partner and donor mappings, particularly on specific technical areas (including on comprehensive health operations, information management and surveillance and operations logistics and support); and enhancing information management and response monitoring. The EOCs and the three operational hubs, already situated in the worst flood-affected areas will also support health operations and coordination for WHO and other relevant partners at district level.

Strategic response priority two

Expand access to an integrated package of essential health services

The impact of the floods has not only increased the overall health needs, but disrupted the delivery of public health services, including basic medicines, immunization services and maternal, child and reproductive health services. As a result, health facilities need to be made operational again, with appropriate infection prevention, control, and WASH interventions; human resource gaps need to be covered; referrals need to be made functional and stocks and supplies for chronic conditions (non-communicable diseases, TB, HIV) need to be re-ordered.



Makeshift camp, where people displaced by the floods receive housing and medical treatment.

© WHO/Mobeen Ansari



WHO vaccinator reaching out to flood-affected communities

To address these issues, WHO will **provide technical guidance as well as medical equipment and supplies to ensure the provision of a package of integrated essential health services**, including referral mechanisms in the 32 priority “calamity” districts. WHO will also ensure that **routine immunisation services and mental health and psychosocial support** are offered, and that **prevention of sexual abuse and harassment protocols** are understood and implemented by WHO staff and implementing partners.

To ensure facilities and camps have the required medicines, supplies, devices, and relief items, WHO will **establish effective end-to-end supply chains** for timely delivery, including warehousing, transport and cold chain capacity for vaccines and/or temperature-controlled medical items.

WHO will also **address shortages in health workforce deployment and trainings and provide basic equipment and supplies** to support the functionality of health services, whilst also **engaging communities to promote health**.

Strategic response priority three

Strengthen and expand disease surveillance, outbreak prevention and control

WHO will support national and provincial authorities to **put in place an Emergency Disease Early Warning, Monitoring and Response (EDMS) system** that will be implemented in the 32 identified priority calamity districts. The EDMS has already been successfully piloted through a partnership with the Aga Khan University Hospital in the 1200 national polio operational centers and WHO-supported medical camps, and is ready to be deployed further. Once the emergency response will be

over, best practices and resources from the EDMS will be integrated into Pakistan’s national surveillance system.

As part of this effort, **WHO will strengthen Information management and surveillance, enhance laboratory diagnostics, and ensure verification of alerts in real-time**. WHO will also enable a **coordinated multi-sectoral response** (including the activation of integrated Rapid Response Teams).

Strategic response priority four

Immediately ensure effective management of children suffering from Severe Acute Malnutrition (SAM) with complications, including enhancing nutritional surveillance

WHO will continue to **actively participate in the Nutrition cluster’s coordination and response planning**. To specifically address the needs of children suffering from SAM with complications, WHO will **support nutrition screening and the establishment of new stabilisation centres**, including by providing therapeutic food, enhancing the health workforce’s competencies, and offering counselling services and referral of complicated cases.

Strategic response priority five

Support water quality surveillance and improve WASH in damaged health facilities, in collaboration with relevant stockholders

In the worst affected districts, WHO will work in collaboration with partners to **strengthen and expand access to WASH, support water quality surveillance, and enhance infection prevention and control** in health care facilities.



For more information:

Dr Palitha Mahipala

*WHO Representative
WHO Country Office Pakistan
+ 92 51 9255183
mahipalap@who.int*

Dr Michael Lukwiya

*Incident Manager
WHO Country Office Pakistan
+ 92 51 9255184
mahipalap@who.int*



**World Health
Organization**