



Public Health Impact of Disasters in the EM Region



**Regional Joint Conference on
“Disaster: Relief and Management – International
Cooperation & Role of ICT”**

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Session IX: Public Health Impact of Disasters

WHO Emergency Preparedness and Response; Regional Perspective	Mr. Altaf MUSANI, Regional Adviser, EHA, WHO/EMRO
Somalia Case	Dr. Mohamed FUJE, Officer in Charge for WHO Office in Mogadishu
Sudan Case	Dr. Saad El-Din H. HASSAN, Head of the EHA unit in MOH, Sudan
Iran Case	Dr. Farzad PANAHI, Chief of Emergency Management Center in Iran
Management of Logistics in Emergency and Disaster Situations: Use of SUMA Software as an Example	Eng. Victor MARTINEZ,

Overview

- Impacts of disasters
- WHO's support to EPR
- Way forward



During the past 20 years:

- Natural disasters have killed at least 3 million people
- Adversely affecting 800 million
- With 96% of deaths occurring in developing countries

2 billion people at risk of experiencing crises

50 countries experiencing "crises"

Natural Disasters Impact

Industrialized Countries	Developing Countries
■ Tend to suffer higher economic losses in strict dollars terms	■ Cause setbacks to economic and social development
■ Have mechanisms in place to avoid loss of life, such as early warning systems	■ Lack resources for early warning systems
■ Have immediate emergency and medical care	■ Inflict massive casualties
■ Insurance of property losses	■ Divert funds from development programs to emergency relief and recovery

Sources: (World Bank News and Broadcast, Natural Disasters: Counting the Cost, 2004)

Health Problems related to type of disaster

Effect	Earthquake	High Winds (without floods)	Tidal waves flash floods	Slow- onset floods	Volcanoes
Deaths	Many	Few	Many	Few	Many
Severe injuries	Many	Moderate	Few	Few	Few
Risk of communicable diseases	Potential risk following al major disasters (probability rising with deterioring sanitation)				
Damages Health Facilities	Severe (structure and equipment)	Severe	Severe but localized	Severe on equipment	Severe
Food Shortage	Rare due to economic or logistic		Common	Rare	
Population Movements	Rare		Common generally limited		

SAEQ: Health access in remote areas



- 30,000 km² area
- 2.5 million homeless
- Around 73,000 dead
- More than 150,000 injured
- 509 health facilities damaged/destroyed
- More than 20,000 air evacuations

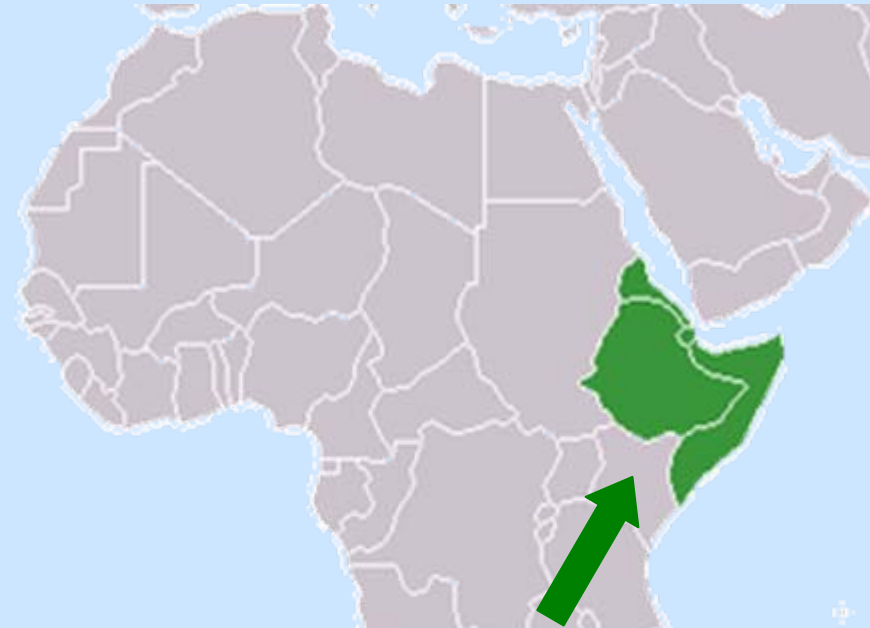
Horn of Africa: drought + floods 2005-2006

Drought impact

- Over 18 million affected
(homeless+ injured + killed)

Flood impact

- Over 746,000 affected
- 4.4 million US\$ estimated damage



Horn of Africa (HOA) =

- Djibouti, Ethiopia, Eritrea, Somalia and Kenya
- Appr. 2 million km², 86.5 million people

Health impact Lebanon: Casualties

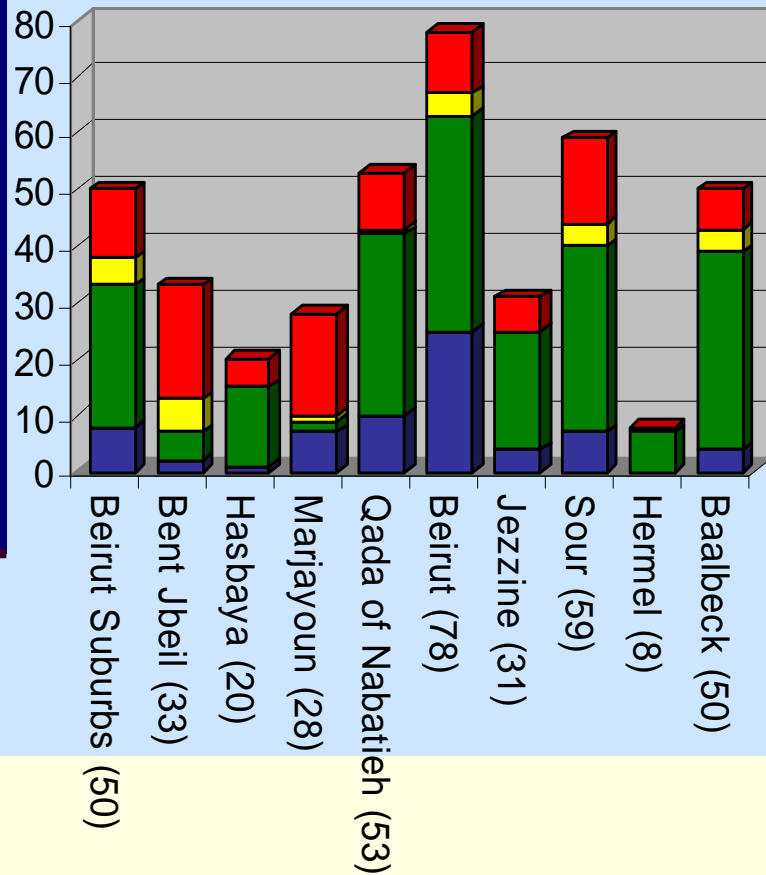
- **1187** dead due to war
- **4092** injured due to war
- **974 184** displaced before ceasefire and still **255 986** after ceasefire (*as of 3 September*)



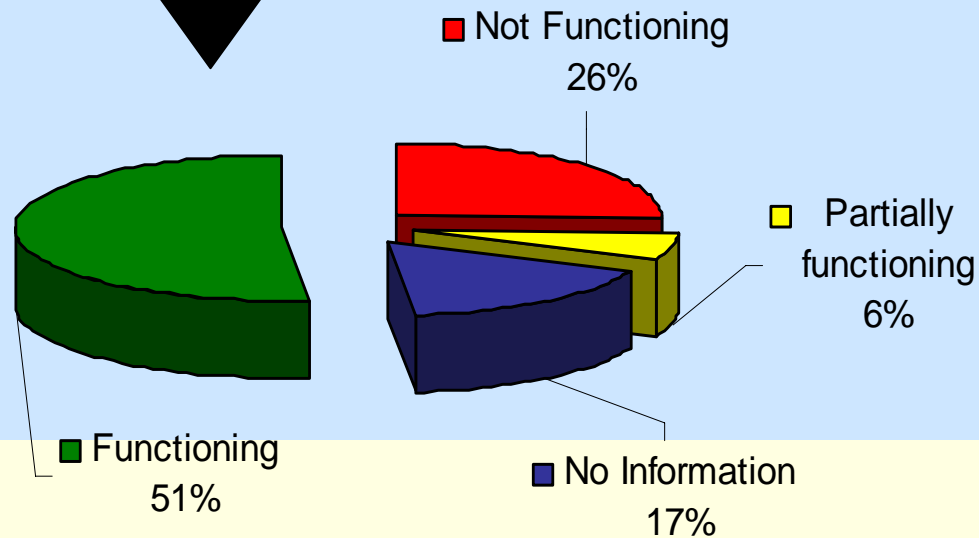
Health impact Lebanon : Health infrastructure

■ No Information ■ Functioning
■ Partially functioning ■ Not Functioning

Graph 1: Status of health facilities assessed in total numbers (total = 410)
 (total number of health facilities per district is mentioned between brackets)



Graph 2: Status of all health facilities in percentage (n=410)



Humanitarian Crisis: Occupied Palestinian Territories

- US\$ 48 million shortfall in 2005 due to cessation of support by donors and withholding of tax revenues by Israel
- Disruption of the Ministry of Health basic services (60% of all health services)
- Medical staff strike due to unpaid salaries



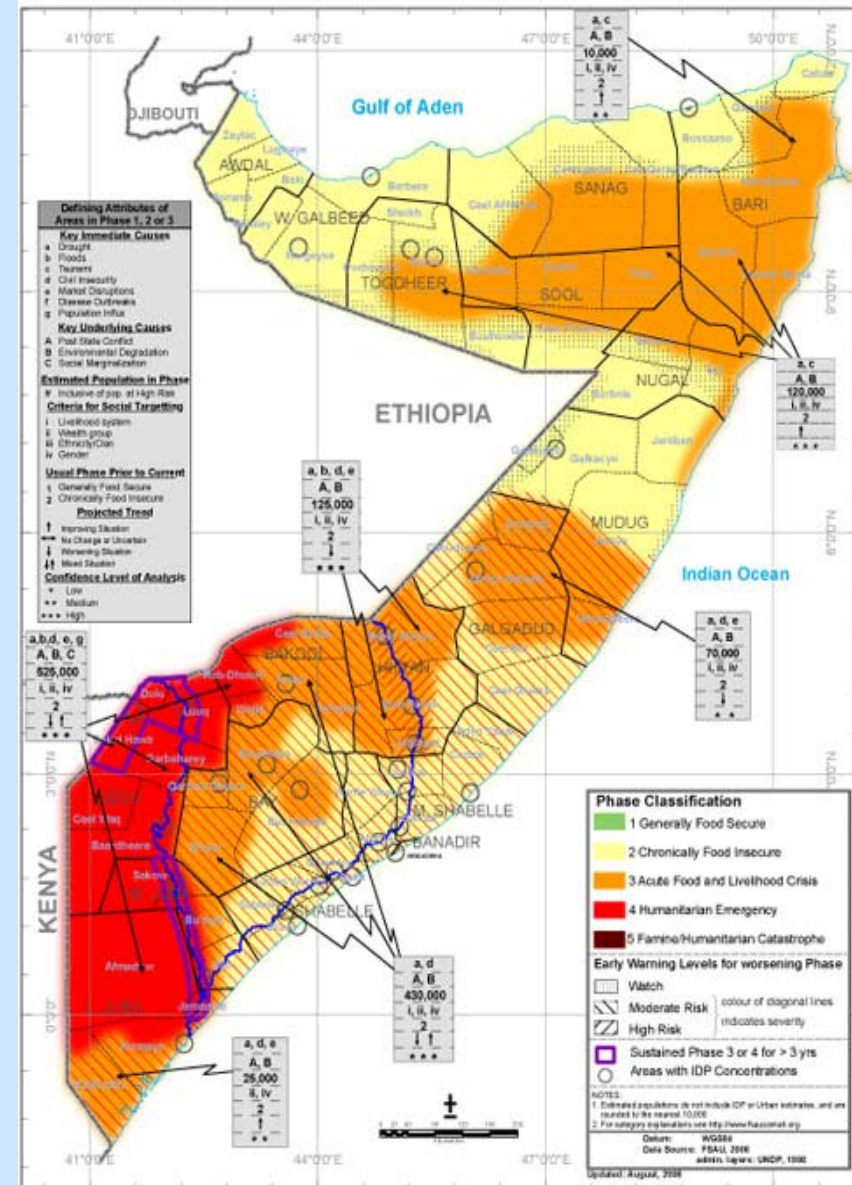
Major gaps in health care delivery due to interruption of public funding

Somalia Crises

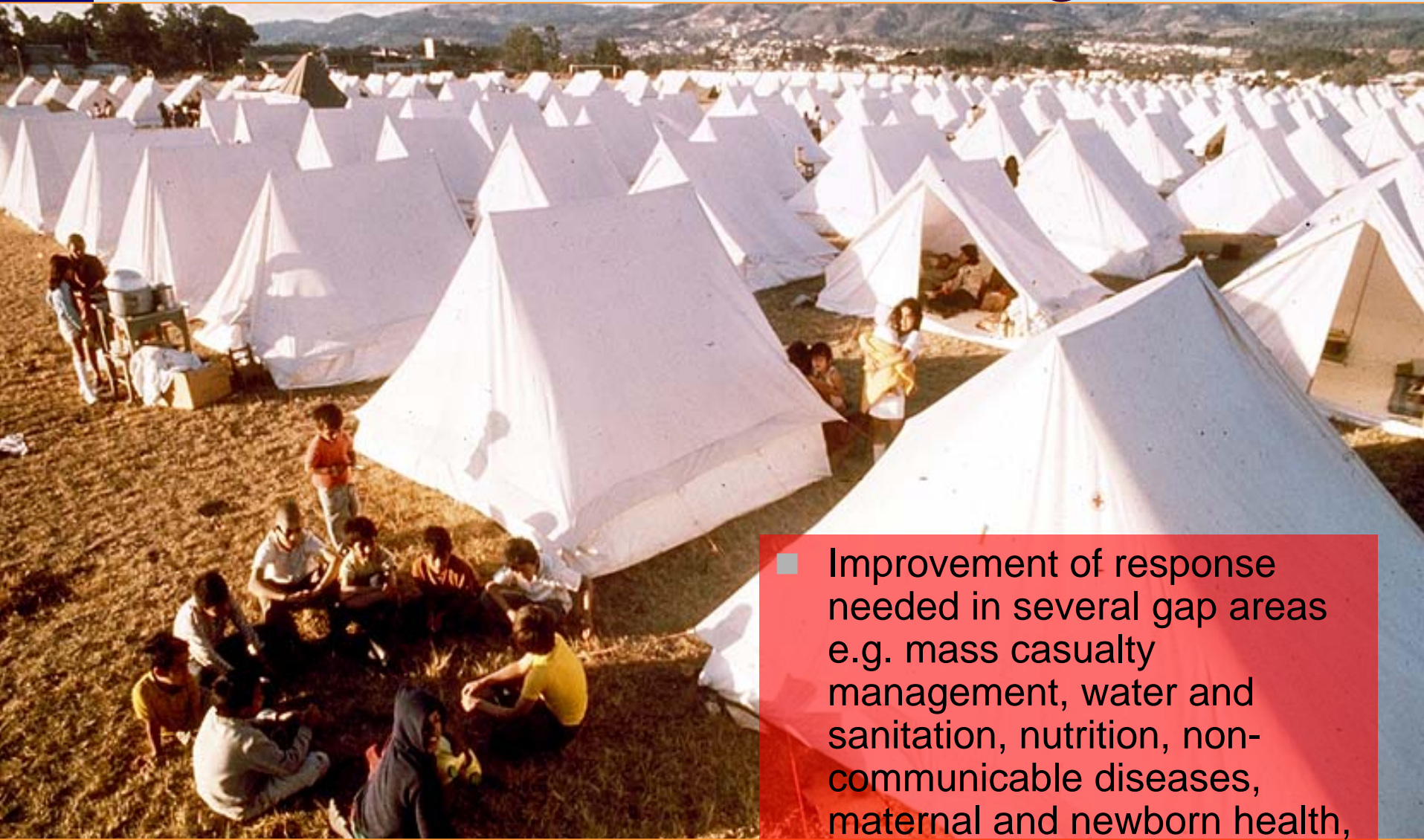
drought/floods/conflict/RVF/AWD

- Over 2 million affected by the drought/floods
- Well 1000 killed and more than 100,000 displaced due to conflict
- Over 100 cases of RVF
- Over 300 cases of AWD (reported 34 deaths)

Source: WHO, 06



On site Public Health Management



- Improvement of response needed in several gap areas e.g. mass casualty management, water and sanitation, nutrition, non-communicable diseases, maternal and newborn health, mental health etc.

WHO programmatic Area for Disaster reduction and risk management

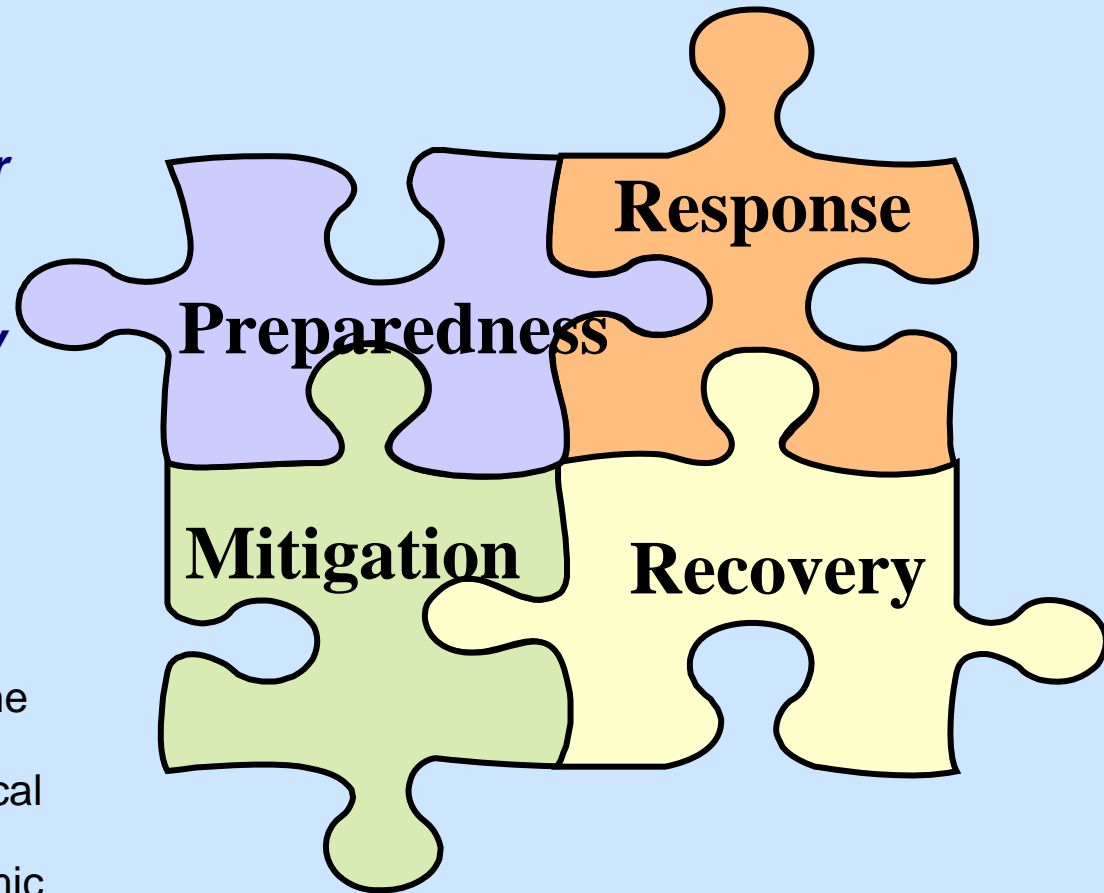
“Urging all Member States to build up the national capacity for emergency preparedness and disaster reduction/mitigation and response, in order to reduce avoidable mortality and disability”

Resolution EM/RC49/R7

(adopted during 49th Session of the Regional Committee, October 2002)

“Enabling all societies to become resilient to the effects of natural hazards and related technological and environmental disasters, in order to reduce human, economic and social losses”

(UN International Strategy for Disaster Reduction)



WHO's objective for crises work

Objective:

To reduce avoidable mortality and morbidity in crises

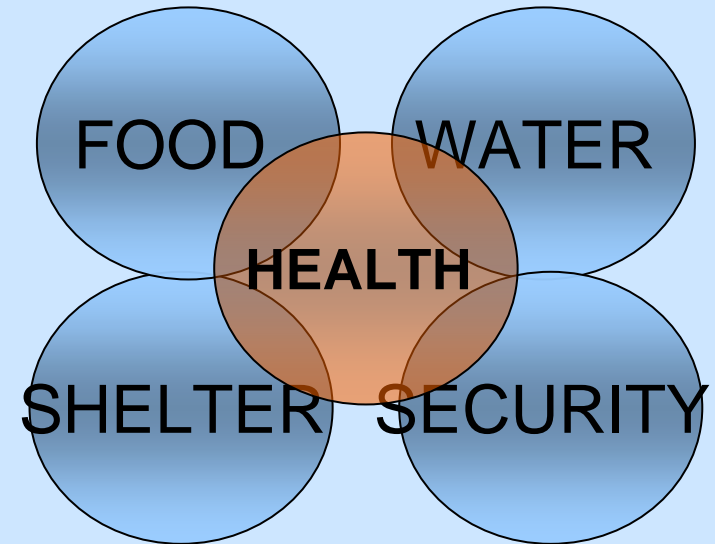
Mission:

The design and implementation of programmes that prepare the health sector to deal with emergencies, and that help improve health during and after emergencies

- *Covers preparedness, response, recovery and mitigation*
- *Has a health systems approach*

Challenges in Disaster Management

- Missing linkages between Relief & Development
- Curative Vs Preventive analogy → Response Vs Preparedness
- Health humanitarian assistance compared to other sectors
- Limited capacities within health sector
- Community involvement in EPR
- Most of the research in the North and inapplicable to EMR settings
- Research dissemination mechanisms unsuitable for EMR/South

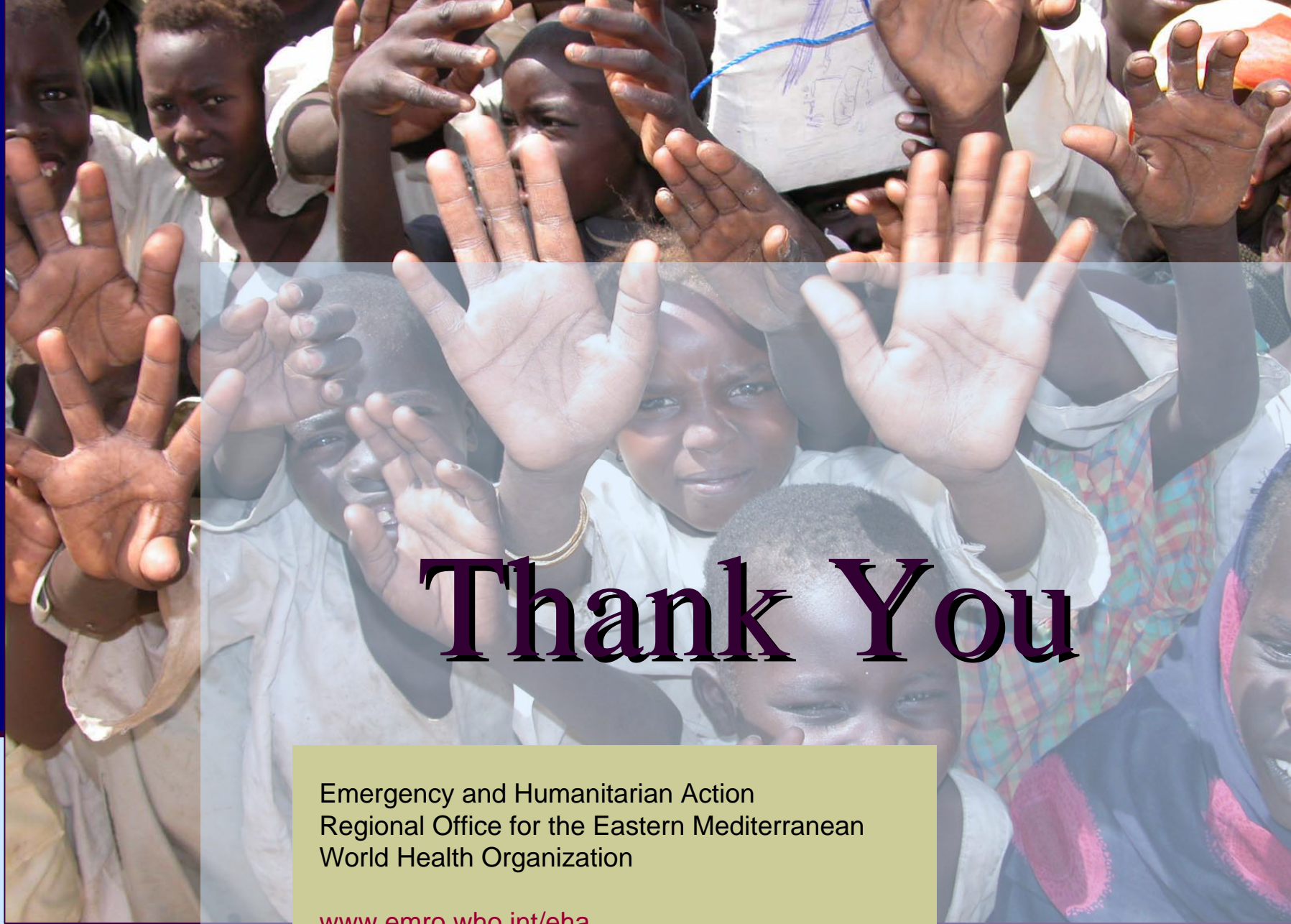


In Summary

- Integrate disaster risk reduction into policies, plans, and programs of sustainable development and poverty reduction
- Recognize risk reduction as both humanitarian and development issue and ensure appropriate investments
- Focus on national implementation (including the community) with bi-lateral, multilateral, regional, and international cooperation
- Integration of applied field research to disaster preparedness, mitigation, response and early recovery programs



Pakistan earthquake, 2005



Thank You

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