Recent Disasters and Ethical Issues in Health Management in Pakistan

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Outline

- Demographics of Pakistan
- Overall Disaster Situation
- Disease Threats
- Response
- Issues in Health Management
Pakistan
Indus Valley Civilization

The discovery of the figure of the “Priest King”
Gandhara Civilization
Islam in Sub Continent

![Map of Makran Coast and Arab Trade Route](image1)

![Camel caravan](image2)
People and Places of Pakistan
World’s Biggest Necropolis
World’s Second Highest Peak?
K2: Second Highest Peak

Altitude: 28,251 ft
Valleys and Plains
First elected Prime Minister women in Muslim world?
“Nobody could dare to think of breaking the country or doing terror and extremist acts when the People's Party was in power. The country had to suffer whenever a dictator took over.”

BENAZIR BHUTTO
DECEMBER 23, 2007
TINGHAT BAGH REWALPINDI
Population Profile

Population

170 Million

Male / Female ratio—
52:48

Urban/Rural –
33% : 67%

Annual Growth Rate
2.05%

Area
796,000 sq. Km.

Overall Disaster Situations
Pakistan Earthquake Oct 2005

Magnitude: 7.6 on the Richter Scale - 30,000 sq Km
Affected Area: 30,000 sq Km (Nine Districts - Inhospitable Terrain)

Human Loss: 73,338 Dead and 128,304 Severely Injured

Physical Loss:
- 3.5 Million Rendered Homeless, over 600,000 Houses Destroyed
- 5,344 Education Facilities Destroyed
- 307 Health Facilities Destroyed
- 715 Government Sector Buildings Damaged
- 2,393 Km Roads Damaged
The earthquake affected a population of approximately 3.5 million people either directly or indirectly.

In addition to the staggering numbers of deaths, the human cost includes amputees, orphans, unhygienic conditions resulting in disease, and severe malnutrition.

The early days of the disaster response were marked by uncoordinated efforts among a whole host of organizations involved in relief work.

There was little information on who was doing what and little oversight.
The Government of Pakistan established the Earthquake Reconstruction and Rehabilitation Authority (ERRA) on October 24, 2005 to take up the huge task of rebuilding in the earthquake affected regions spread over 30,000 square kilometers of nine districts of KPK and AJ&K.
The Challenge:

Immediate:
- Rescue and Relief
- Provision of Emergency Health Care

Long term:
- Reconstruction and Rehabilitation of Destroyed Infrastructure
- Renewal of Livelihood, Protection of Environment and Rehabilitation of Vulnerable Population
Damages & Losses (As of March 27, 2011)

- Deaths: 1,985
- Injured: 2,946
- Household damaged: 1,744,471
- Population affected: 20,184,550
- Cropped areas (Hectares): 2,244,644
- District Affected: 78

Source: NDMA Report
Mission of NDMA

"To manage complete spectrum of disasters by adopting a disaster risk reduction perspective in development planning at all levels, and through enhancing institutional capacities for disaster preparedness, response and recovery."
Disease Threats
Priorities

- Food
- Clean drinking water
- Shelter
- Non-food items
- Access to health care
Health Challenges

- Preserve and restore access to Basic Health Care, Critical Chronic treatments, and proper wounds and Childhood illnesses management.
- Sexual and Reproductive Health including FP, Emergency Obstetric and New Born Care.
- Referral of life Threatening Conditions.
- Prevention of, detection of and response to outbreaks of communicable diseases.
- Mental health and Psycho-Social support.
- Response to acute malnutrition; continuation of breast feeding.
Response
The NDMA, has assigned the Ministry of Health with the role of disaster risk management for the health sector.

In compliance, the Ministry of Health has established the National Health Emergency Preparedness and Response Network (NHEPRN) in March 2010.

The headquarter of the Network is based at Islamabad with provincial and district HEPR units.

The National HEPR centre has been established by the Ministry of Health at the Pakistan Institute of Medical Sciences premises, Islamabad in collaboration with the World Health organization (WHO).
Interventions

- Psychosocial support to the affected population
- Hygiene promotion interventions - providing water purification tablets, safe water, water chlorination
- Tents for temporary healthcare facilities
- Strengthening the referral system to higher levels of healthcare
- Vaccination campaigns
Maternal and child Health

Establishment of 180 MNCH service delivery points
- Antenatal services
- Skilled Birth services
- Postnatal services
- Family Planning

Challenges
- Malnourishment: high rate of abortions and miscarriages
- Lack/retention of trained Human resource
- Lack of referral mechanism/services
The Government was blamed for sluggish and disorganized response to the floods which led to riots, with looting of aid convoys by hunger-stricken people.

President of Pakistan gone ahead with his visits to meet leaders in Britain and France at a time when his nation was facing catastrophe.

The ruling ministers were accused of using their influence to redirect floodwaters from their crops while risking densely populated areas leading Pakistani UN ambassador to call for an inquiry.

The United Nations criticized the international community for responding slowly, despite the ferocity and magnitude of the disaster. As of 9 August, only $45 million in aid had been committed, which is far less than usual for this scale of disaster.

British Prime Minister was accused by Pakistan of hampering international aid efforts after he claimed that Pakistan was responsible for promoting terrorism.
Issues in Health Management
Duties and Obligations

Will health care professionals Volunteer for work in Disasters?

- Unlike other professions Medical Personnel obliges to assist in the relief of Human suffering and alleviation of pain to the extent possible. (Oath of Hippocrates).

- The extent to which these ethical obligations are universally applicable.
Needs Assessment

- International Donors and NGOs assistance can occur with the assessment of needs.

- An assessment that defines a need must be followed-up with appropriate assistance.

- Lack of such appropriate action causes enormous frustration among the affected population.
Neglect of minorities

- It was reported that members of Pakistan's minority communities complained that not only were they not rescued but in some instances ejected from relief camps when their identity was disclosed.

- Members of the Sikh community also complained of government apathy. They said members of their community were abandoned in Khyber-Pakhtoonkhwa and had to arrange for rescues by themselves.

- Protests broke out in Lyari relief camp after Hindus were served beef by the authorities in violation of their religious beliefs, which forbade beef consumption.
Social Injustice and disrespect

- Wealthy feudal influential/politicians not only diverted funds and resources away from the poor but diverted flow of flooding waters away from their Agricultural lands to most populated towns.

- There were also allegations that local authorities colluded with the Feudal/Politicians to divert funds.

- The wealthy, with better access to transportation and other facilities, suffered far...
Due to limited supplies of safe delivery kits, FP methods, vaccines, devices, Hospital beds, and other items the transparency and allocation be ensured
conclusion