

After the Floods! Healthcare Response and Concerns

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There is no doubt now that global warming has severely and almost irrevocably disturbed the hydrological cycle and the climate of the Earth with disastrous effects bringing unexpected droughts, floods, hurricanes, and other natural calamities in its wake.¹ It is also an undeniable fact that the countries which are least responsible for this effect are the worst affected.² Pakistan is presently facing one of the worst natural disasters in her 75 years of existence with about a third of its geographic terrain being submerged, and over 32 million people dislocated from their abode and deprived of their livelihood. The scale of the calamity is enormous! But the most heartening aspect is that the people of Pakistan have responded to the need of the hour. Welfare organisations all over the country are contributing most efficiently and remarkably to the efforts made by the State. It is indeed a matter of pride that nearly all the healthcare related institutions, organisations and societies in Pakistan are carrying out substantial community service in not only supplying the provisions for food, clothing and shelter but free of cost medical care to the affected population in far-flung and generally difficult-to-reach areas without any geographical or provincial restrictions.

In the context of the medical care of the flood-affected population, there are certain important immediate and long-term concerns.³ The immediate danger is drowning, injuries, submersion hypothermia of the survivors, and animals specially snake bites which tend to seek the same shelter as the humans. This has already been reported in the local media. Evacuation of these victims is linked with the destruction of whatever meagre healthcare provision, access and infrastructure existed earlier. In many cases, even the healthcare providers are the victims. Next come the diseases and risks associated with displaced people living in warm, humid conditions, with compromised sanitation and unplanned squatters. This results in a surge of communicable diseases like vector-borne diseases, water-borne infections, skin diseases; and an increased maternal-newborn mortality consequent to traumatic unattended births. The volunteers returning from the medical relief camps have reported a high frequency of malaria, dengue fever, diarrhoea, and newborns found near drowned mothers.

Certain prevalent diseases in some districts (ranging from parasitic diseases to HIV) requiring focused healthcare strategies are likely to get neglected. This has been seen in other underdeveloped countries in a similar situation.⁴ Last but not least important are the long-term effects of the displacement and living in camps without a secure livelihood constituting a severe psychological trauma with all attendant risks of abuse, malnutrition, and poverty. All this poses an extremely big challenge.

While the acute and urgent effects have been tackled, many state-run secondary and tertiary care hospitals have set up special facilities for the care of the flood victims referred from the relief camps. This is in addition to the multitude of time-bound voluntary medical aid missions serving the affected areas. This is a huge burden to the healthcare delivery system which is already compromised by the rising inflation and currency devaluation. Most of the areas which are affected by the floods already had suboptimal healthcare infrastructure, poverty, low education, and malnutrition. The current calamity calls for a very elaborate and well-thought resuscitation and rehabilitation efforts. This in fact presents a great opportunity if sincere efforts are made with the help of Public Health experts and previously amiss facilities are added. Foresight is now aided by technology for predicting such calamities. Our neighbouring countries have also faced such situations,⁵ and recognition and rectification of the present deficiencies in the primary healthcare system to deal with such disaster's effects can well bring a silver lining to the clouds.

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