



Emergency and Humanitarian Action

Country Report

Bangladesh



Bangladesh



HAZARD PROFILE

The People's Republic of Bangladesh is an exceedingly flat, low-lying, alluvial plain traversed by five major and more than 230 rivers and rivulets (with a total length of 24140 km). It has a coastline of about 580 km along the Bay of Bengal.

The geographical location and topographical features of Bangladesh expose the country to almost all kinds of natural and human-induced disasters. Over the past three decades, Bangladesh experienced more than 170 large-scale natural disasters that killed half a million people and affected more than 400 million. Seven of the 10 deadliest cyclones of the twentieth century hit Bangladesh in the past 40 years. The current density of population is one of the highest in the world.

Natural hazards

Floods including flash flood, cyclone and tidal surge, tornado, river erosion, landslide, earthquake, drought, etc. are some of the natural hazards the country faces.

Human-induced/biological/technological hazards

These include road and river traffic accidents, epidemics, fires, building collapse, gas field explosion, political conflict, terrorist attack, etc.

Internally displaced persons (IDPs) and refugees

Bangladesh hosts over 22 000 ethnic refugees from Myanmar, 60 000 people from the ethnic groups of Chakma and Jumma people and 240–300 000 Biharis (from India). Internal displacement in Bangladesh is most often associated with the devastating cyclones and floods that occur regularly. In addition, close to one million people are displaced annually by the inundation of flood plains, erosion and the shifting courses of the country's major river systems.¹

Health hazards

Bacterial and other known forms of enteric infections are endemic, infectious diseases, malnutrition, pneumonias, skin and eye diseases are common, while maternal mortality (3.2/1000 live births) and infant mortality (57/1000 live births) are high due to the tropical climate, combined with the existence of large open water bodies, dense population, poverty and poor access for the majority to reliable health services.²

Factors affecting vulnerability

- Demographic and social factors, such as overpopulation, social inequality and rapid urbanization
- Migration to high-risk areas such as flood plains and far-flung islands
- Escalated environmental degradation
- Arsenic contamination of drinking water affects about two-third of the country (30–35 million people in Bangladesh are exposed to drinking water that contains harmful concentrations of arsenic).



- 10% of the land mass is at risk of being inundated within the first half of this century, due to rising sea levels as a result of climate change.
- Inadequate building practices for houses, bridges and other structures, and collapse of old houses, which are not built to withstand natural hazards
- Very high urban growth, overcrowding (dense concentration of buildings with high occupancy)
- The flood and cyclone warning system is efficient because of the experiences of earlier similar disasters, but for earthquake and tsunami, more information and a better early warning system are needed. A poor early warning system and high population density contribute to a large number of casualties.

DISASTER MANAGEMENT IN BANGLADESH

National plans and policies

A number of written policies, public health guidelines and standard operating procedures (SOPs) for emergency response are currently available for use by health managers. The health sector of the Government of Bangladesh in collaboration with the WHO Country Office has prepared a “National Policy on Health Emergency Management” and “Standard Operating Procedure for Health Emergency Management”, which signify great achievements of Bangladesh.

- National Plan for Disaster Management, 2006 (Version 5)
- WHO and UNDMT Contingency Plan (prepared by WHO, UNDP, UNICEF and WFP), 2006
- National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan, 2006
- Guideline on Addressing Health in Emergencies (The context of a developing country), 2004
- Standard Operating Procedure: Management of Public Health in Emergencies, 2004
- Bangladesh National Policy for Emergency Health Management, 2004
- National Safe Blood Transfusion Policy, 2001
- Technical Guidelines: Public Health Action for Emergencies in Bangladesh, 2001
- Protocol for Mass Casualty Management in Bangladesh, 2001
- Standing Order for Disaster Management, 2000
- Guideline for Health Information Management in Emergency Situations, 1999
- Bangladesh National Food and Nutrition Policy, 1997
- National Policy on HIV/AIDS, STD and related issues, 1997
- Bangladesh National Environmental Action Plan, 1997

Disaster management in the health sector

The national health system is organized in five tiers in line with the universal primary health-care approach. The largest health service provider of the country is the Ministry of Health and Family Welfare (MoH&FW). It has two major implementation wings – the



Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP). The DGHS is responsible for the implementation of all public health programmes in the country, including the emergency preparedness and response (EPR) programme in the health sector.

The DGFP is responsible for implementing the family planning programme and providing family planning-related technical assistance to the Ministry.

The WHO EHA (Emergency and Humanitarian Action) Programme in Bangladesh, in collaboration with the MoH&FW, provides technical and logistical support to the government health sectors (EPR component under Communicable Diseases Control, Health, Nutrition and Population Sector Programme, HNPSP) in the country. The Joint Secretary (Public Health and WHO), MoH&FW is the Programme Manager for EHA, and the National Professional Officer (CD) is the responsible officer and focal point of the EHA Programme of WHO. The Programme has representatives from the Director General of Health Services (DGHS), Armed Forces, UN agencies and selected NGOs. Technical and logistical support for the EPR Programme is provided by the EHA, WHO Country Office.

The major objectives of the EHA Programme include:

- Capacity and capability building of the health sector for prevention and mitigation of the adverse health effects of natural disasters and emergencies;
- Strengthening surveillance systems in the country and establishing an early warning system for impending outbreaks, and for emerging and re-emerging communicable diseases.

The EHA Programme is implemented through:

- Strengthening multisectoral coordination, planning, cooperation, communication and action for disaster mitigation, emergency preparedness, response and recovery.
- Enhancing the country's responsiveness to public health emergencies including medical response to natural disasters in the health sector.

Recent activities of the WHO EHA Programme

- For strengthening routine and disaster-related disease surveillance and early warning system of impending outbreaks from the periphery to the central level, the EHA Programme has provided 448 computers, printers, uninterrupted power supply (UPS) systems and other relevant materials, and distributed 16 respiratory ventilators for patients with respiratory distress in the isolation wards of medical college hospitals and other specialized hospitals for emerging infectious diseases such as avian influenza (AI)/H5N1 and severe acute respiratory syndrome (SARS).
- Essential life-savings drugs, personal protective equipment (PPE) and medical supplies have been procured and distributed for case management of acute watery diarrhoea, acute respiratory infection (ARI), acute respiratory distress syndrome (ARDS), and emerging and re-emerging communicable diseases such as SARS and AI/H5N1. Drugs, supplies and PPE have also been stockpiled for maintaining a buffer stock at the *upazilla* (subdistrict) and district levels.
- Training is ongoing at the central, district and *upazilla* levels for health sector personnel. Additional training for capacity building at all levels is being provided on mass casualty management, disaster preparedness and response and related public health issues, mitigation and reduction of adverse health effects.

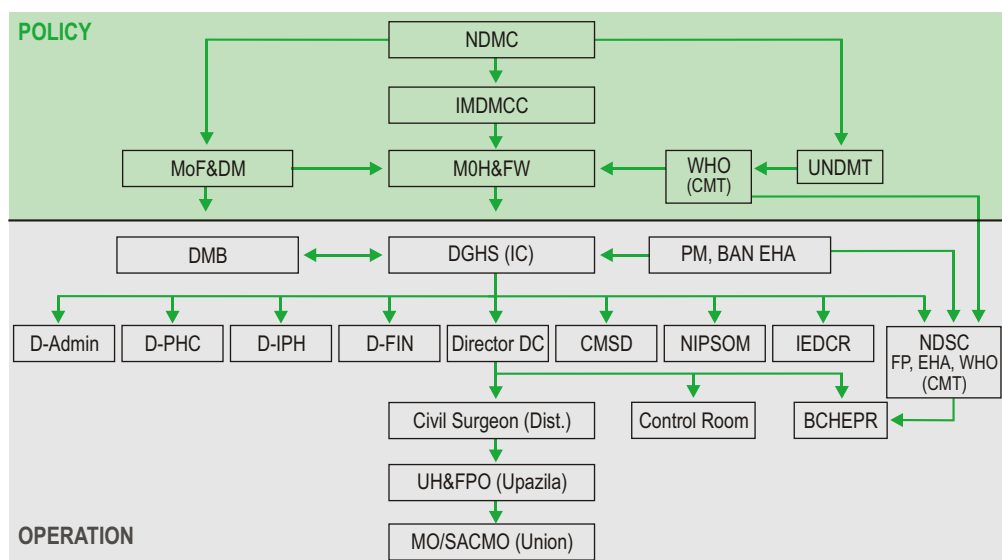


Disaster management in the non-health sector

The Ministry of Food and Disaster Management (MoF&DM) has the mandate to coordinate all disaster management activities within the country and supports three operational elements: Disaster Management Bureau, Directorate of Relief and Rehabilitation, and the Directorate of Food.

The Disaster Management Bureau (DMB) works as a specialized technical unit of the Government, advising it on disaster prevention, mitigation and risk reduction. Under the same operational framework, the health sector coordinates with other potential sectors in the country including NGOs for maximizing multisectoral collaboration in emergency response.

Coordination of the EPR Programme in Bangladesh



BCHEPR: Bangladesh Centre for Health Emergency Preparedness and Response

BAN: Bangladesh

CMSD: Central Medical Supplies Depot

DC: Disease Control

DGHS (IC): Directorate General of Health Services (Incident Command)

DMB: Disaster Management Bureau

EHA: Emergency and Humanitarian Action

IMDMCC: Inter-Ministerial Disaster Management Coordination Committee

IEDCR: Institute of Epidemiology, Disease Control and Research

MoF&DM: Ministry of Food and Disaster Management

NDMC: National Disaster Management Council

NDSC: National Disease Surveillance Centre (Focal Point, EHA)

NIPSOM: National Institute of Preventive and Social Medicine

PM: Programme Manager

SACMO: Sub-Assistant Community Medical Officer

UH&FPO: Upazila Health and Family Planning Officer

UNDMT: United Nations Disaster Management Team

WHO (CMT): World Health Organization (Crisis Management Team)

WORK OF WHO

WHO works closely with the MoH&FW and MoF&DM, and liaises with these at different levels. In addition, it coordinates the activities of several organizations in disaster management. These include national institutes and organizations such as the National Institute of Preventive and Social Medicine (NIPSOM), Institute of Epidemiology, Disease Control and Research (IEDCR), Institute of Public Health (IPH), Institute of Public Health and Nutrition, Central Medical Store Depot (CMSD). The MoH&FW and EHA Programme of WHO conduct training sessions and workshops related to disaster management which are integrated with the HNPSP of the health sector.



- BRAC University (private) offers postgraduate courses in disaster management.
- NIPSOM has conducted a chapter on Disaster Management and Response as part of the Public Health Administration and Hospital Management Course (MPH).
- The Centre for Health and Population Research, formerly known as International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is a non-profit health research and training institute that develops and disseminates solutions for major health and population problems, with emphasis on cost-effective methods of prevention and management.

The EHA Programme provides technical assistance and expert advisory services to the national health authority for implementing programmes and activities that are aimed at protecting the health of the population at risk, both during and in the aftermath of an emergency in the country.

These include the following:

- Technical assistance for the development of appropriate public policies, plans, guidelines and procedures so that best health practices, norms and minimum humanitarian standards are followed during any emergency health relief operation;
- Providing emergency health intelligence services in times of emergencies through analysing vital health, nutritional and epidemiological data for real-time alert and response to epidemics;
- Lessons learnt in a humanitarian crisis are used to improve health emergency preparedness in future disaster situations;
- Capacity building for health needs assessment in emergencies and ensuring that the Government's emergency health relief operations are in line with the assessed need; and
- Harnessing scientific knowledge on risk factors for the health and nutrition problems of disasters in Bangladesh to promote informed decision-making and an evidence base for a disaster risk-reduction strategy.

In addition, WHO is a part of the UN Disaster Management Team (UNDMT) in the country and actively participates with other UN agencies during any disaster situation in the country. WHO also facilitates interagency communication and support including for launching UN Consolidated Appeals when any international assistance is requested by the national government. At the Government's request, WHO coordinates international humanitarian aid in the health sector during an international humanitarian relief operation.

FUTURE PLANS OF WHO

WHO plans to enhance country capacity of health personnel and volunteers at all levels in preparedness and response to disaster management. Revolving stocks of emergency essential medicines and supplies, laboratory reagents and kits, PPE and medical equipment will be maintained at all levels. The National Disaster Management System and capacity of Rapid Response Teams (RRTs) of the DGHS and the web-based surveillance system will be strengthened by providing technical and logistical support for response and recovery following natural disasters based on the priority needs of the country.



To do this, WHO will:

- Review strategic policy and planning.
- Develop mechanisms for better coordination in emergencies.
- Provide transport and organize a reserve fund for emergency response.
- Replenish emergency drugs and medical supplies.
- Establish field/mobile hospitals.
- Establish quarantine hospitals at airports, sea and land ports.
- Continue to strengthen the capacity of concerned officials and staff.
- Strengthen communicable disease surveillance for establishing an early warning system for impending outbreaks during and in the aftermath of a disaster.

PRIORITY NEEDS

Bangladesh is currently at high risk for large-scale disasters with a consequent impact on human health and survival. Substantial reduction of the public health risks of natural as well as human-induced disasters through enhanced capacity of the health sector to effectively manage emergencies are among the priority needs of the country. This can be done through:

- Development of an integrated emergency health management plan that covers the areas of risk assessment, health intelligence, capacity building, public awareness as well as effective emergency response capability;
- Use of “public health and hazard mapping” as an operational tool for health risk assessment of hazard-prone areas;
- Development of technical guidelines such as a tsunami/earthquake/building response plan and web-based surveillance in order to promote best health practices during humanitarian crisis situations;
- Setting up of an early warning system for alert and response to epidemic-prone diseases following a natural disaster in the country; and
- Capacity building for rapid health needs assessment following any emergency in order to ensure that the most vulnerable populations benefit from the humanitarian health relief programme.

Challenges

- Coordination between the WHO in-house Crisis Management Team (ICMT) and the Government/NGOs/UNCT/Disaster and Emergency Response (DER) should be strengthened for disaster mitigation in EPR.
- Coordination should be enhanced between the health sector and sectors such as agriculture, environment, etc.
- New resource persons need to be trained in health and other sectors to conduct further training.
- Programme managers need additional trained manpower to implement activities in a timely manner.



- Various health services such as maternal and child health, family planning, prevention of communicable diseases, environmental sanitation, health education, need to be integrated in a single package.
- Efforts of all health agencies need to be pooled to achieve maximum output.
- Trained resource persons are scarce and those available are frequently transferred.

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¹Profile of Internal Displacement: Bangladesh Global IDP database. November 2001. Available at URL:<http://www.idp.org>

²<http://www.sdc.org.bd/index.php?navID=23160&langID=1>