

MONSOONS are a recurring feature and come as no surprise. And yet, astonishingly, the most predictable health threats associated with the season are routinely neglected. The most common monsoon health hazards include: acute watery diarrhoea and cholera, especially in Sindh and southern Punjab, where flooding contaminates drinking water; dengue and malaria outbreaks, common in urban lowlands like Karachi, Lahore and Peshawar due to standing water and poor drainage; skin infections, scabies and leptospirosis in displaced populations; maternal and child health crises, particularly in hard-to-reach flood-affected areas where routine services collapse.

The Met Department issues repeated advisories about monsoons and its intensity, but response prioritisation at the national level remains inconsistent. In theory, the NDMA coordinates with the Ministry of National Health Services and provincial health departments to preposition stockpiles (for example, cholera and antimalarial kits). In practice, response remains post-disaster, not anticipatory. Some glaring examples can be traced back to the 2022 floods. Response teams arrived after major outbreaks had begun and did not anticipate preventive action. The National Institute of Health (NIH) maintains an Emergency Operations Centre and disease surveillance unit, but real-time district-level health risk analysis is rarely available to front-line responders in advance. There's no standardised health risk heat map integrated into the Provincial Disaster Management Authority (PDMA) monsoon preparedness plans, and health supplies are rarely pre-deployed based on forecasted risk.

In Pakistan, trigger-based health action is limited to "simplified early action protocols" by the Pakistan Red Crescent Society for floods (for example, in the Kabul River basin) focused on WASH and cash; no health kit pre-deployments have been activated as yet. By contrast, Bangladesh established early action protocols across sectors, including health, WASH and cash triggered by riverine flooding forecasts, and Nepal has been piloting anticipatory health responses in recent years, mainly around floods and food security. Where finance-based forecasting is concerned, Pakistan mainly uses pilots through PRC plus the International Federation of Red Cross for heatwaves, droughts and floods that remain small in scale, whereas Bangladesh has institutional-

ised FbF at the national level with pre-approved finance and scenario-based triggers. In Nepal, active plots are embedded in DRR strategies, often tied into food security anticipatory schemes. Integration into local health programmes is weak in Pakistan, with ad hoc coordination between PDMA and the health department. Nepal has integrated community clinics into a pre-activation mechanism viz the FbF task force.

The government buy-in for anticipatory health remains siloed. The monsoon contingency is led by NDMA and not integrated into health planning. Bangladesh launched an early action protocol in 2019 under its disaster management & relief ministry that targets multiple sectors, including health, and Nepal is taking steps towards formally including health in DRR and climate planning via federal initiatives and donor programmes.



Examples are not included in precis. Just write their essence.

Precis Practice - I

In Pakistan monsoon and its associated disasters such as floods, health hazards including dengue, malaria, skin infection in metropolitan region is not a surprise but negligence of weather outcomes is strange. ~~NHTA~~ National Disaster Management Authority was supposed to convened with federal and provincial health departments for the pre deployment of forecasts based finance. But in reality response or actions taken after the disaster remain a norm. NHT maintains the legacy to provide support and surveillance for health risks but there is no real time allocation of resources to first responders. Pakistan ~~Red~~ Crescent Society for flood only respond to specific natural disaster. In contrast countries like ~~N~~epal and Bangladesh are very proactive in managing such disasters.

approach

They have proactive approach
towards forecasted risk and
pre-deployment of forecast based
finance.

