COUNTRY PAPER

Mr. Govinda Man Shrestha NEPAL

1. Geography :

The kingdom of Nepal is a land–locked country situated on the southern slopes of Himalayan Mountains between $26^{0}27'$ and North latitudes and $80^{0}4'$ and $88^{0}12'$ East longitudes. The nearest sea coast is 1,127 km. from its borders.

The average length from the Mechi river in the east to the Mahakali river in the west is 885 km. The North-south width is not uniform; the maximum north–south width is 241 km. minimum 145 km. and average width is 193 km.

The surface area is 147,181 km. The boundary–northern boundary merges with the Tibetan Region of People's Republic of China and in all other sides Nepal borders with India.

On the basis of altitude the country is divided into three natural regions spreading longitudinally from East to West.

1. Himalayan (Mountain) Reigion: This lies at an altitude of 4877 m. to 8848 m. above the sea level. This region comprise 35 per cent of the total area of Nepal. In this region the word's familiar peak of Mount Everest (8848 m.) is located.

2. Hill Region: This region is formed by the Mahabharat range that sears to 4877 m. To the South of it lies the Churia range with altitudes between 610 to 1524 m. Between these ranges there are various valleys with altitude of 610 to 914 m. They are known as the Doons or the Inner Terai. The hill region covers 42 per cent of the total area of the country.

3. Terai Region : The Terai region lies in the southern part of Nepal which has width of 26 to 32 km. and maximum altitude of 305 m. It occupies about 23 per cent of the total land area of the country.

There are four recognizable seasons–a hot (April- August) a cold season (November–January) and two brief warm periods (February–March) and (September–October).

The monsoon period with heavy rains occurs between early June to late September. The average annual rainfall is 1500–2500 mm. Over 6000 mm along the southern slopes of the Annapurna range in Central Nepal. The temperature in hot season in Terai 40°C and in Mid–section is 28°C of the country. In winter the maximum and minimum temperature in the Terai 23°C to 7°C, Mid section 12°C to below 0°C. In Kathmandu valley (Capital) in summer 27°C to 19°C and in winter 20°C to 2°C.

2. Political System :

Nepal is a constitutional monarchy. The sovereignity of the country is vested in His Majesty the King. All executive, legislative and Judicial powers emanate from him. His Majesty exercises these power through organs established according to the constitution and existing laws and in accordance with the traditions of the Shah Dynasty, where in the well being of the subjects has been of the utmost concern. There is a Council of Ministers, led by a Prime Minister, who is selected by the king from among 3 members elected by the Rashtriya Panchayat amongst its members.

With the leadership of the Crown, Nepal is one of the ancient monarchies in the world. Based on the Proclamation of His Majesty the king on May 24,1979, a National Referandum was held on May 2, 1980 where the majority of the people voted for Partyless Panchayat Democracy with suitable recorms.

The Panchayat system has a tiered pyramidal structure ranging from the village and Town Panchayats at the lowest base to the Rastriya Panchayat at the apex with a number of tiers in between according to the administrative divisions of the Kingdom wich is divided into 14 zones and 75 districts.

The following are the salient features of the present constitutions:

1. Crown as the Symbol of Unity
2. Partylessness
3. Class co–ordination

4. Decentralisation of Administrative authority
5. Unicameral Legislature
6. Zone of peace proposal
7. Written constitution
8. Active and Dynamic Role of the crown
9. Non-Aligned Foreign policy
10. Welfare state

3. Population :

Census Population 1911 to 1981

Census year	Total recorded population	Intercensal increase	Average annual growth %
1911	5638749		
1920	5573788	64961	–0.1
1930	5532574	41214	–0.1
1942	6283649	751075	1.1
1952	8256625	1972976	2.5
1961	9412996	1156371	1.7
1971	11555983	2142987	2.1
1981	15022839	3466856	2.7

4. Population living in the mountains, hills and terai in 1985

Mountain	1344667
Hills	7842613
Terai	7500044
Total	16687124

5. Vital Statistics : 1985

Crude birth rate	– 41.57/1000
crude death rate	– 16.57/1000
IMR	– 111.52/1000
MMR	– 8.53/1000
Life expectancy at birth	Male = 52.88 years
	Female = 50.10 years

The literacy rates among population

Male = 34.9%
Female = 11.5%

The per capita gross National Production 160.00 US dollar.

There are various types of disaster in Nepal and it happens time to time. The following are the main disaster in Nepal.

1) Flood
2) Landslide
3) Earth quake
4) Famine (due to draught)
5) Fire
6) Out break of diseases.

On the basis of natural disaster, particularly in the southern part of the country it always appears the flood, windy cyclone and fire. While in the mountain the problems are famine, landslide and windy cyclone.:. The earchquake is occasionally realised, the districts Bajhang, Bajura, Darchula, Baitadi Achmham and Doti are the declared as the area of earthquake. The out break of different disease also create disaster in all parts of Nepal.

The following are the data of few disasters :

S.No.	Type of disaster	Year	Affected Pop^n	Injured	Districts	Dead
1	Earth quake	1981	142,790	198	6	99
2.	Flood & Landslide	1982	7,012	85	25	155
3.	Disease	1983	519,879		46	986

To minimize the loss of life and damage in case of emergency we have developed a plan for National Disaster preparedness and relief in 1982 with the objective to minimize loss of life and damage in case of emergency by organizing adequate administrative and operational machinary for effective relief and rescue at all level and to coordinate available resources and external assistance during emergency operation

We have disaster preparedness and relief committee in :

a) Central committee on the Chairmanship of Prime minister
b) Zonal committee on the Chairmanship of Zonal Commisioner
c) District Committee on the Chairmanship of Chief District Officer

There are other non–governmental organizations like Red cross

class organizations and other local associations, are also helping during the time of disasters.

To meet the various objective of the National Emergency act 1982 the various levels of offices will carry out the following functions.

1. National Level :
   a) Drawing up of an inventory of all disaster sectors e.g. Ministries, Departments, Voluntary organizations, International and bilateral sectors and their capacities, resources etc.
   b) Establishing administrative links with all disaster sectors concerned to facilitate the resources for relief programme.
   c) Identify training needs for disaster official at all levels as well as for voluntary organization. This task will be coordinates with the Nepalese Red–cross societies.
2. Zonal Level :
   a) Identification of risk zones by studying past disaster records as basis for advanced relief arrangements.
   b) Establishing Zonal district village relief administration in areas with greatest risk.
   c) Improve communication links between villages and districts and National.
3. District Level :
   a) Communication between Panchayat to Zonal level.
   b) Forming the committee in local area at the time of emergency.
   c) Keeping all the data of the disaster
   d) Management of the programme.
   e) Coordination and cooperation between various organizations
   f) Arranging the local funds for the necessary programme
   g) Arranging the required manpower.

GROUP DISCUSSION GUIDLINES WORKING GROUP ASSIGNMENT AND RESPONSIBILITIES

INTRODUCTION

The over-all goal of the WHO—sponsored Inter-regional Workshop is to strengthen the capacity of INDONESIA and member nations in the South East Asia and Western Pacific Regions to reduce the health impact of disasters through coordinated inter-sectoral predisaster planning and post-disaster management.

Participants will hear general lectures and panel discussions from invited experts and will then participate in 3 working groups to develop specific recommendations for INDONESIA and also general recommendation for South East Asian and Western Pacific Member Nations concerning:

Pre—disaster Planning and Post—disaster Organization/Management of:

Medical and Public Health Resources (Working Group 1)

Community Resources (Working Group 2)

Inter-sectoral and International Resources (Working Group 3)

Attached to this memorandum are two documents we ask your cooperation in reading and completing. Attachment # 1 is a series of questions which we submit for your consideration and which you will be expected to address in your individual working group. Attachment = 2 is a form to allow you to express your preference for working group assignment. You can only be assigned to one working group, and we request your full participation in all meetings a[illegible] activities of your preferred working group. All efforts will be ma[illegible]

to ensure working group assignments are in accord with your individual interests and needs; however, space considerations will to some extent dictate individual assignments.

INTRODUCTION

The working groups will use the "delphi method". This method allows participants (experts, others with some degree of experience, and others with little experience in the subject under examination, but with experience in related areas) to answer questions posed to the group using the collective experience and knowledge of the group.

The delphi method depends upon the active participation of all members during discussions, and actively seeks the opinions of each member on a number of specific questions. Following discussion, a consensus is reached by the group as to the "most appropriate" or "best" answer to the questions and a summary statement or answer is issued by the group. For the method to be successful, participants must attend all meetings of the groups, and participate actively in the discussions. At the end of the discussion session, a series of recommendations will be drafted based upon the answers provided to the questions for the individual working groups.

It is intended that a major output of the Workshop will be a series of INDONESIA specific and "generic" recommendations on the three working group topics.

Member countries can then formulate their own specific policies and practices based upon these recommendations. It is hoped that this will result in comprehensive, coordinated, and similar policies and practices of the Member Nations for pre-disaster planning and post-disaster organization, management and practices.

SCHEDULE OF WORKING GROUP DISCUSSIONS

Group discussion 1	Tuesday,	November 3 :	1300 – 1530
Group discussion 2	Tuesday,	November 3 :	1600 – 1700
Group discussion 3	Wednesday,	November 4 :	1400 – 1530
Group discussion 4	Wednesday,	November 4 :	1530 – 1600

Group discussion 5	Friday,	November 6 : 0800 – 0930
Group discussion 6 (Draft Preparation)	Friday,	November 6 : 1000 – 1300

PRIORITY QUESTIONS TO BE ANSWERED BY THE WORKING GROUPS

WORKING GROUP 1: Medical and Public Health Resources.

Public Health Management in Disasters

What is the role of each sector (Health, Public Safety, Defense, Interior (Transportation, Social Services, Public Works, etc) in each phase of disaster planning, management and recovery?

1. Who is responsible for what?
2. Within each sector, what are appropriate roles for the disaster planning and response section?
3. Who is responsible for dissemination of information regarding the disaster and how should it be disseminated.

In carrying out the roles designated, what mechanisms should be developed to enable each sector to function in the prescribed role?

1. How should the disaster response section of each sector be organized?
2. What is the "chain of command"?
3. What liaison mechanisms should exist?
4. What are suitable subjects and areas in which standard operating procedures (SOP's), protocols, and training and education manuals should be developed?

Medical Management in Disasters

What are the basic considerations of medical management in all phases of disasters-preparedness, early warning phase, disaster phase and post-disaster phase?

1. What preparedness measures should be enacted for the medical management of disasters?
2. What are appropriate methods for the management of mass casualties?
3. What is the role of epidemiology in disaster planning and relief?

4. What are appropriate methods and strategies for disease control in the disaster situation (for each type of disaster);
5. What control methods and strategies are inappropriate in the disaster setting?

WORKING GROUP 2: Community Resources.

Community Participation in Disasters

What is the role of community participation in disaster preparedness and disaster relief?

1. What resources are available or should be developed within a community to respond to disasters?
2 What roles should these resources play?
3. How should these resources be organized?

What roles should community organizations/groups/resources play in the pre-disaster planning and post-disaster response phases in the following fields:

1. Information dissemination
2. Communications
3. Rescue and relief
4. First aid
5. Transportation
6. Access to hazardous areas
7. Evacuation

WORKING GROUP 3: Inter-sectoral, Inter-regional and International Resources.

Inter-sectoral, Inter-regional and International Cooperation.

What role should be played by the various agencies and organizations which exist for disaster relief?

1. Who should coordinate extra-country relief assistance?
2. What types of relief assistance are appropriate for each type of disaster?
3. What relief assistance is inappropriate?
4. How should the relief assistance be managed?

Environmental Management in Disasters

What are the basic considerations of the management of disaster-

created environmental conditions?

1. What emergency relief measures are appropriate in each type of disaster?
2. What measures are inappropriate in each type of disaster?
3. What are the priorities for the environmental aspects of disasters-i.e., water, shelter, sanitation, vector control, etc.

In-country Inter-sectoral Coordination and Chain of Command

1. How do local, provicial and national political decision-makers determine the extent and magnitude of disasters?
2. How are decisions made at each political level about the need for specific resources?
3. How are resources from different sectors and political jurisdictions mobilized and coordinated?

WORKGROUP PREFERENCE

Name : ....

Country : ....

Present Position and Agency/Department/Ministry :

....

....

Brief description of duties: ....

....

....

....

Working Group preference (circle in order of preference):

Medical and Public Health Resources/Responsibilities	1 2 3
Community Resources/Responsibilities	1 2 3
Inter-sectoral/International Resources/Respondibilities	1 2 3

SUMMARY OF PROCEEDINGS AND RECOMENDATIONS

WHO–INDONESIA WORKSHOP
on
DISASTER PREPAREDNESS AND HEALTH MANAGEMENT
November 2–6, 1987
SUMMARY OF PROCEEDINGS AND RECOMMENDATIONS

1. Statement of the Problem

Regardless of their origins--natural or man-made–disasters have a substantial adverse impact on the safety, health, and well-being of affected populations. The risk of disaster-related morbidity and mortality is especially high in certain "disaster-prone" countries and, within these countries, among certain high-risk groups such as infants children, and women. Furthermore, in countries where the economy, level of industrialization, and health infrastructure are in earlier stages of development, disasters can have prolonged adverse effects on the implementation and success of efforts in these areas. Thus, there is a need for developing countries to have the organizational and management capacity to prevent and control excessive morbidity and mortality in disasters through appropriate pre-disaster preparedness and effective post-disaster response.

There is a need for the development and transfer of the technological capacity to monitor and forecast the timing, location, duration, nature, and probable impact of certain "natural" hazardous events (volcanic eruptions, earthquakes, high winds, heavy rains, tsunamis, etc.). In addition, there is a need for the enactment and enforcement of national and international laws on the location, construction, and operation of hazardous industries (especially those handling or producing nuclear and toxic materials and wastes) and manmade hazardous products (e.g., automobiles, pesticides and other hazardous consumer products, and weapons).

The Republic of Indonesia and several other countries in the Southeast Asia and Western Pacific Regions are especially prone to

the occurrence of disasters. Consequently, the Republic of Indonesia and its neighbors are particularly interested in strengthening their capacity to mitigate the adverse effects of disasters on the development of improved socioeconomic conditions and programs for health promotion and disease prevention, especially those concerned with improving the survival of children.

2. Goals and Objectives of the Workshop

The overall goal of this Workshop was to develop strategies for improving the organizational and management capacity of member countries in the Southeast Asia and Western Pacific Regional Offices (SEARO & WPRO) of the World Health Organization (WHO) to prevent and control excessive morbidity and mortality in disasters through predisaster preparedness and effective post-disaster responses

The specific objectives were to provide an opportunity for participants to hear general lectures from recognized experts in Disaster Preparedness and Disaster Management; to engage in discussions with these experts during panel presentations and period of unscheduled time; and to participate in the development of generic and Indonesia-specific recommendations by serving on one of three Working Groups.

The three Working Groups were concerned with the following aspects of Disaster Preparedness and Health Management:

Group Pt1: Medical and Public Health Aspects

Group Pt2: Community Aspects

Group Pt3: Intersectoral, Interregional, and International Aspects.

A "Delphi Method" was used to enable Workshop participants to consider critical questions about each of these aspects in light of the lectures, panel discussions, and materials provided by the Workshop Steering Committee. The focus of the Workshop was on the host country, the Republic of Indonesia; however, attending participants from all SEARO and WPRO member countries were invited to contribute actively to the discussions and development of recommendations.

Financial and technical support was obtained from WHO (Headquarters and Regional Offices: SEARO, WPRO, and PAHO) and from certain donor nations (Canada, France, Japan, and the United

States of America).

The followong material represents a summary of the findings and recommendations of the Working Groups. This summary will be submitted to appropriate officials of the Republic of Indonesia and the World Health Organization. It is the hope of the WHO–Indonesia Workshop Organizing Committee that this information will enable these officials to take necessary actions to strengthen National and Regional Disaster Preparedness and Health Management capacities.

3. Medical and Public Health Aspects of Disaster Preparedness and Response

3.1 Statement of the Problem:

Disaster Management decision-makers will require accurate and reliable information about disaster-related health and safety problems. An infrastructure and/or trained field epidemiologists should be able to provide rapid and ongoing epidemiologic assessments of the distribution of disaster-related safety and health problems, as well as epidemiologic surveilance of trends in the occurrence of such problems and in the effectiveness of prevention and control measures. The occurrence of a disaster usually results in a sudden, and possibly prolonged, increase in the need for emergency medical services, transportation, communication, and supplies. Finally, the environmental and administrative disruption associated with the occurrence of a disaster may strain or overwhelm the maintenance of water quality and sanitation and interrupt the provision of routine health promotion and disease prevention services.

3.3 The Current Situation in Indonesia

3.4 Recommendations for Assistance/Support from WHO

3.5 Recommendations for Actions by Indonesia

The Working Group on the Role of Medical and Public Health Resources in Disaster Preparedness and Response:

–Aware that the objective of the workshop was to strengthen the capacity of Indonesia and member of Nations in South East Asia and Western Pacific Regions to reduce the health impact of Disaster through coordinated & well-organized inter sectoral predisaster planning and post disaster management;

II. Activities to be accomplished:

A list of activities organized by phase of disaster and responsible agency is attached in Attachment Pt I. These activities should take place within sectors such as:

Ministries of Health, Public Safety, Defense, Internal Affairs, Communication, Social Affairs, and Public Works.

The ministries should work in a cooperative and coordinated way to form a board called the "Indonesian Disaster Management Board" (IDMB). The word "Natural" in the existing "Indonesian Natural Disaster Management Board" should be dropped.

III. Organization to carry out the activities:

To optimize disaster-preparedness and management, each country's disaster-prone areas should be specifically included in a disaster plan which is prepared and administered by a national disaster-management organization or board with provincial and district representation.

Research and development sections of the coordinating board will identify the hazard and disaster-prone areas, prepare vulnerability and risk analyses, analyses of health status, and identify areas where operational research should be done. Most of these roles can be handled by epidemiologists in cooperation with other sectors, either intra-ministry of health or inter-minister.

Education and training, operation & control, funds and supply should be defined further according to the expertise in the responding department.

Each sector should exchange the information they have and each sector should help each other concerning the utilization of the resources needed for:

* training personnel
* management in the disaster period
* management of mass casualties (setting up a command post, restricting the area, conducting triage and transport operations, referral/evacuation, and mobilization of hospital support from the regional control center).
* activities in the post-disaster period.

The coordinating board has the responsibility to disseminate needed information through press releases or other mass media actions, or direct information to the community concerned.

Each sector should have and do appropriate roles for the disaster planning and response section. For Indonesia, who is responsible for what and the activity by phases of the disaster is given in attachment Pt1 (Report of Working Group 1).

IV. **Resource Development:**

A. Community participation and development- see attachment Pt2 (Report of Working Group II).

B. International and regional cooperation- see attachment Pt3 (Report of Working Group III).

—Member countries develop, and disseminate to national and international, governmental and non-governmental agencies, national policies and procedures for decision making about soliciting and accepting external human and material health relief assistance.

For Indonesia, the indiscriminant medical actions are:

* Indiscriminant vaccination, transfusion, feeding and unnecessary and unsolicited supplies.

Aware that the basic considerations of medical management in disaster preparedness are prevention of illness and excessive injury, disability, and unnecessary death;

Aware that mitigation of disaster-related morbidity and mortality requires that emergency medical services should be able to escalate their response from the routine delivery to those necessary to meet the increased demands placed on them during a disaster;

—Aware that appropriate and adequate medical assistance to victims should be provided within the shortest possible time by health personnel familiar with the local situation;

—Recognizing that local and national decision makers need acurate and reliable information about the magnitude, distribution, and trends of pre-and post-disaster related health and safety problems;

—Concerned that for many countries in the Southeast Asia and Western Pacific Regions, the infra-structures for routine delivery of health care and preventive health services have limited capacities to

plan for and respond to large scale disaster;

—Noting that the acute and especially the long term impact of large scale disasters may have substantial adverse effects on highly susceptible sub population (children, women and elderly) and on the implementation and sustainability of national health development plans;

—Concerned that for many countries in the Southeast Asia and Western Pacific Regions, the infra-structures for routine delivery of health care and preventive health services have limited capacities to plan for and respond to large scale disaster;

—Noting that the acute and especially the long term impact of large scale disasters may have substantial adverse effects on highly susceptible sub population (children, women and elderly) and on the implementation and sustainability of national health development plans;

—Noting that the community can play an important role in the management of disasters and daily emergency management because the lay-person is the first person on the site of a disaster, or an emergency case.

Submit the following Recommendations:

—The following principles be adopted as the basic principles for disaster preparedness and management:

—Self reliance,

—Based on one's own resources,

—Depending heavily on community participation,

—Which is based on existing organizational structures such as the emergency medical system, the referral system, and the routine public health system,

—In which the needed response is multiphasic (rapid epidemiologic assessment, search and rescue, emergency response, post-disaster surveillance, and, relief and rehabilitiation) and requires an inter-sectoral approach,

—And for which the keys to effective disaster preparation and management are adequate pre-and post: planning, communication, h[illegible]

situation and trend assessment, inter- and intra-sectoral coordination, research, training, education, and simulation exercises.

–WHO/SEARO and WHO/WPRO, together with WHO/HQ, assist disaster-prone countries to develop, implement and evaluate effectiveness of national plans for education, in-service training and drilling of medical and public health professionals and para-medics in disaster preparedness and response procedures (especially emergency medical management and rapid epidemiologic assessment).

–Member countries should optimize the function of the existing health services including epidemiologic surveillance.

–Member countries should have a National Disaster Information Center which provides to hazardous or disaster-prone districts specific information concerning categories of disasters, types of health impact regarding each type of disaster, documentation of past experiences in disaster mitigation, hazardous area risk mapping, and maps of health facilities.

V. Standing Committee:

–For the Ministry of Health of the Republic of Indonesia, a "Standing Committee" should be developed with responsibility to:

–make an inventory of what is the appropriate activity needed after this workshop.

–improve these recommendations.

–work for follow-up of these proposals

This "Standing Committee" should consist of members from several health-related sectors.

4. Community Aspects of Disaster Preparedness & Response

4.1 Statement of the Problem

4.3 The Current Situation in Indonesia

4.4 Recommendations for Assistance/Support from WHO

4.5 Recommendations for Actions by Indonesia

COMMUNITY RESOURCES IN DISASTER MANAGEMENT

—Aware that preparing the community sector to provide effective disaster and daily emergency management is an essential step in disaster preparedness.

—Observing that the community can play an important role in the management of disaster and daily emergency management because the layperson is the first person on the site of a disaster or an emergency case.

—Aware that the layperson/community has no knowledge and skills in the management of disaster and emergency, there is a need to identify the layperson or community organizations which might be involved in a disaster or a daily emergency management.

—Noting that the management of a disaster or a daily emergency needs a healthy financial backup, and realizing that the community also has the potential resources, there is a need to mobilize all of those resources.

THE EXISTING SITUATION

1. The community (consisting of components such as):
   a. Individuals.
   b. Families.
   c. Neighbours.
   d. Community organizations, such as:
      - Village Resilience Body (LKMD).
      - Civil Defense (HANSIP – Pertahanan Sipil)
      - Family Welfare Movement (PKK).
      - Women's organizations, such as:
        . Structural (Dharma Wanita, Dharma Pertiwi, etc)
        . Non structural (Kowani, BKOW, GOW).
      - Youth Organizations: – Scouts movement.
      - Red cross.
      - Local youth organization (Karang Taruna).
      - Village cooperative unit (KUD)
      - Other groups (religious groups, art, hobby, sports, Amateur Radio, Martial art, etc).

2. All of these components mentioned above have no proper knowledge and skills in the management of a disaster and daily emergencies.

3. The community disaster plan and daily organization is not yet well developed and disseminated.

4. The community participations in raising fund and forces in the management of a disaster and daily emergency is not yet well mobilized.

THE BASIC OBJECTIVES.

1. All members of the community identified above must:
   a. Know the disaster and daily emergency plan/organization in their community/village/district/etc.
   b. Have knowledge and skill in:
   - How to call for help.
   - How to apply CPR (cardio pulmonary resuscitation).
   - How to stop bleeding.
   - How to apply splint and bandage.
   - How to transport a patient safely.

2. All of these activities must be financed by the government, insurance, private sector and the community itself.

RECOMMENDATIONS

(Please note that recommendations number 3,4 and 5, are for the special attention of WHO)

–Strengthen the National Disaster Coordinating Body to allow better coordination of the existing components down to the community and the individual levels.

–Develop training centers in the management of disaster and daily emergencies with a stated priority of training youth and training trainers.

–Maintain training and exercises regularly in the management of disaster and daily emergencies; all graduates should receive identification cards/badges in order to have access to the disaster area.

—Produce a national curriculum and mannuals for the management of disaster and daily emergencies.

—Disseminate information regarding disaster preparedness and daily emergencies through the mass media, campaigns, leaflets, etc.

—Set up a mechanism of community preparedness and daily emergencies in communication (information and call for help) and coordination with the community organizations.

—Along with the Government, the community should mobilize it's financial resources including the private sector and insurance companies.

5. Inter—Sectoral, Inter-Regional, and International Aspects of Disaster Preparedness & Response

   5.1 Statement of the Problem
   5.3 The Current Situation in Indonesia
   5.4 Recommendations for Assistance/Support from WHO
   5.5 Recommendations for Actions by Indonesia

INTER—SECTORAL, INTER—REGIONAL, AND INTERNATIONAL COOPERATION

The Participants :

— aware of the need for appropriate and timely disaster relief especially to vulnerable groups (women, children, elderly, disabled etc);

— stressing the importance of national decision-making and regional cooperation in disaster situations;

— concerned about the short and long-term negative implications of unsolicited material and personnel aid;

— recognizing the critical need for effective coordination of disaster relief at all levels and therefore a clear definition of the responsibilities of each agency;

Recommend that :

1. Disaster related health planning be integrated into the overall national, provincial, and local development plans;

2. National Disaster Coordinating Boards (NDCB) be established with full political support to liaise with international agencies, dont

governments, voluntary organizations, and to oversee all relief efforts;

3. The NDCB assess health needs and, when necessary, requests for international health assistance (medical care, drugs, public health, food, water, sanitation and shelter) in coordination with the Ministry of Health and WHO and other pertinent agencies;

4. Requests for international assistance should be channeled promptly by the NDCB and should define precisely the need for cash and specific material and human resources;

5. Priority be given to maximum use of in-country and community resources, including youth and women's organizations;

6. Unsolicited personnel and other resources from national or international level, especially if they are not relevant to local needs and customs, be strongly discouraged by both the affected country and the international community;

7. Standard national level emergency health management procedures be formulated and widely disseminated;

8. WHO provide (increased) technical cooperation in the area of emergency preparedness and response through training, information exchange, formulation of guidelines, and promotion of regional disaster preparedness programs, as outlined in attachment Pt III.

ENVIRONMENTAL MANAGEMENT IN DISASTER

The Participants :

– Noting the importance of environmental aspects of disaster, especially in relation to health.

Recommend that :

– National authorities (NDCB) should have data on, and take into account the environmental impact of a disaster in terms of both health (eg. pollution of water supply, air, etc) and socio-economic (eg. damage to property, infrastructure, agriculture, etc.) sectors;

– Priority be given in inmediate post–disaster phase for measures such as health education, provision of potable water, basic sanitation, and shelter.

ATTACHMENT III

The Working Group on the Role of Inter–Sectoral and International Resources in Disaster Preparedness and Response,

– Aware that preparing the health sector to provide effective health care in emergency situations caused by disasters is an essential step in the strengthening of health services toward the goal of Health For All by the Year 2000;

–Observing that countries participating at this inter-regional conference share common problems and similar vulnerabilities to natural and technological disasters;

–Noting the increasing concerns and resulting higher level of Disaster Preparedness Activities of the health sector of these countries;

–Aware of the need for technical cooperation in the health sector which is responsible for rapid and effective health response in case of disaster;

–Concerned that this cooperation be provided on a continuous basis with the objective to support national efforts and promote inter-country and inter-regional coordination;

recommends that :

–WHO at all levels of the Organization give high (er) priority to, and enhance its organizational capacity for, technical cooperation to emerging national health disaster preparedness programs;

–The respective WHO Regional Committees and consequently the World Health Assembly :

–Include health disaster preparedness and management in the agenda of it's next suitable meeting;

—Formulate clear guidance to WHO regarding the importance and priority to be assigned by WHO to the provision of specialized technical cooperation to prepare the countries to face natural and man-made disasters;

—Assign appropriate, specific resources from the WHO regular budget at global, regional and national levels to this program;

—Consider the following functions for the Organization in the field of Emergency Preparedness and Response:

* promote Disaster Preparedness and Managemen within the health sector wherever possible through regular health infrastructures;

* provide technical cooperation in the formulationt, testing and revision of health disaster plans including enhancement of the health sector infrastructure and communications;

* assist in training the necessary human resources and in particular the development of training materials, guidelines and manuals;

* promote the inclusion of Disaster Preparedness and Management in the regular curriculum of undergraduate and postgraduate health education;

* promote and support applied research and studies;

* assist in the rapid epidemiologic assessment of emergency health needs following disasters and provide to the international community timely and authoritative comment on the health relief assistance required;

* strenghthen the routine emergency services of the medical and public health delivery system in order to better adapt to disasters of increasingly larger scales;

* develop injury prevention programs and strict safety guidelines in hazardous areas especially during periods of premonitory events;

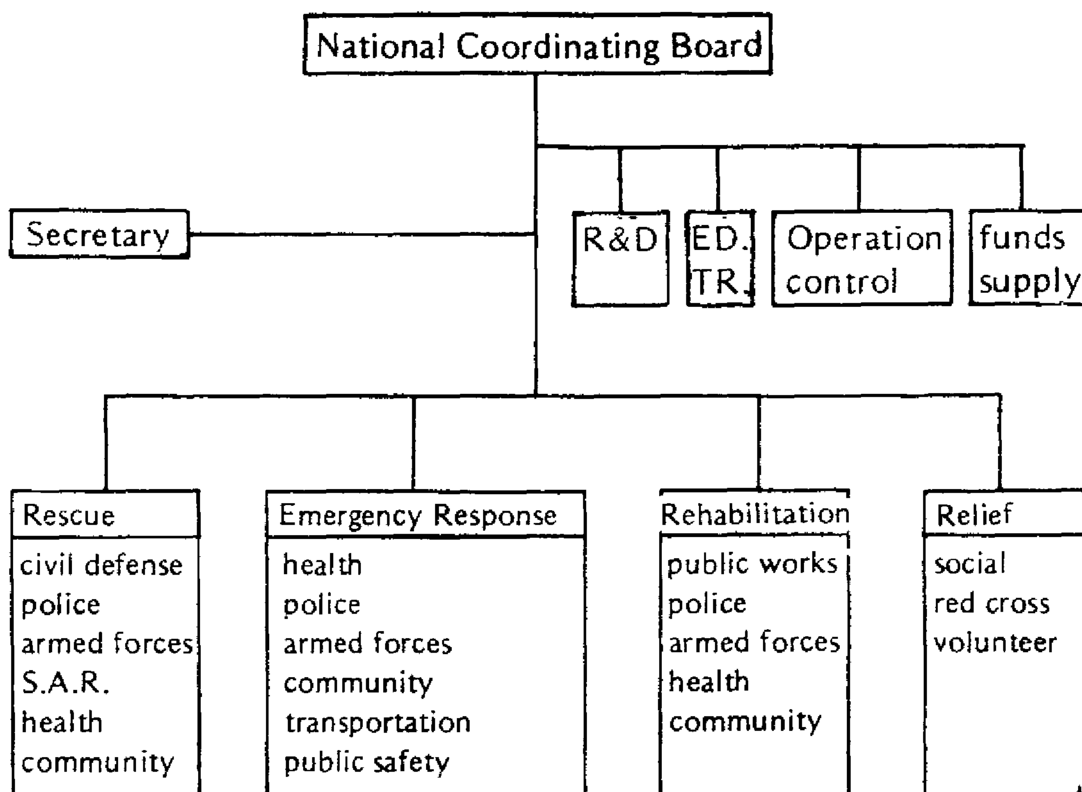
* coordinate the international health assistance to maximize the short and long-term health benefits to the affected populations;

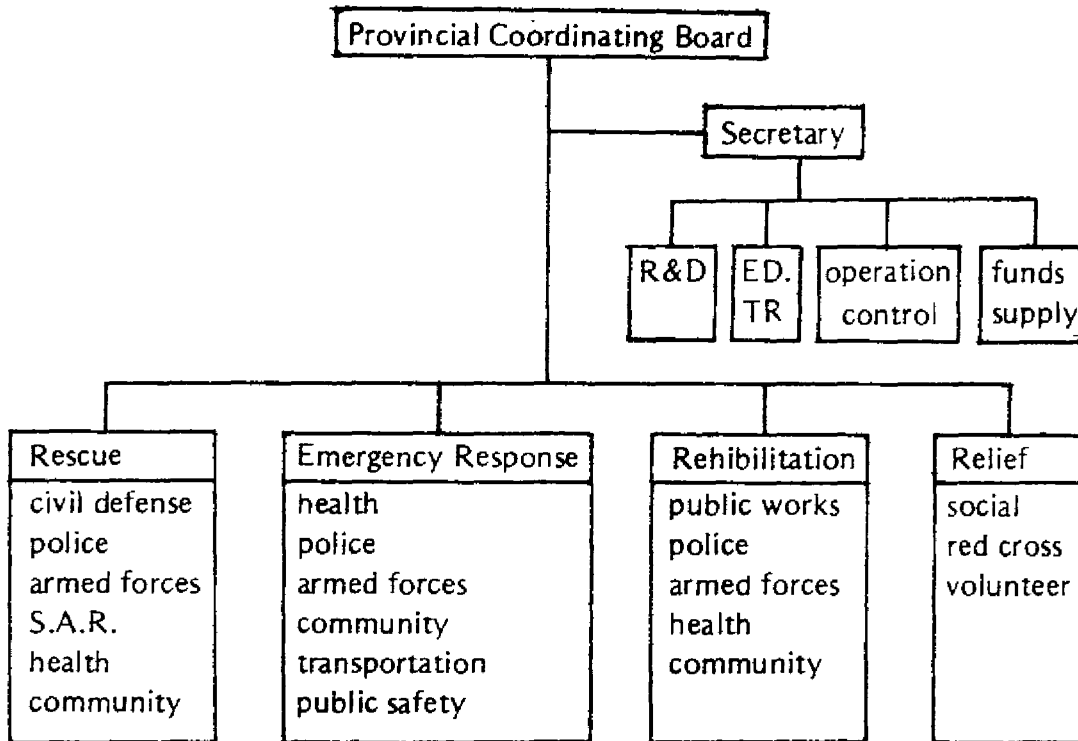
* cooperate with the international community, representing the views of the health sector, to promote technical cooperation between Member States and seek external funds for disaster preparedness;

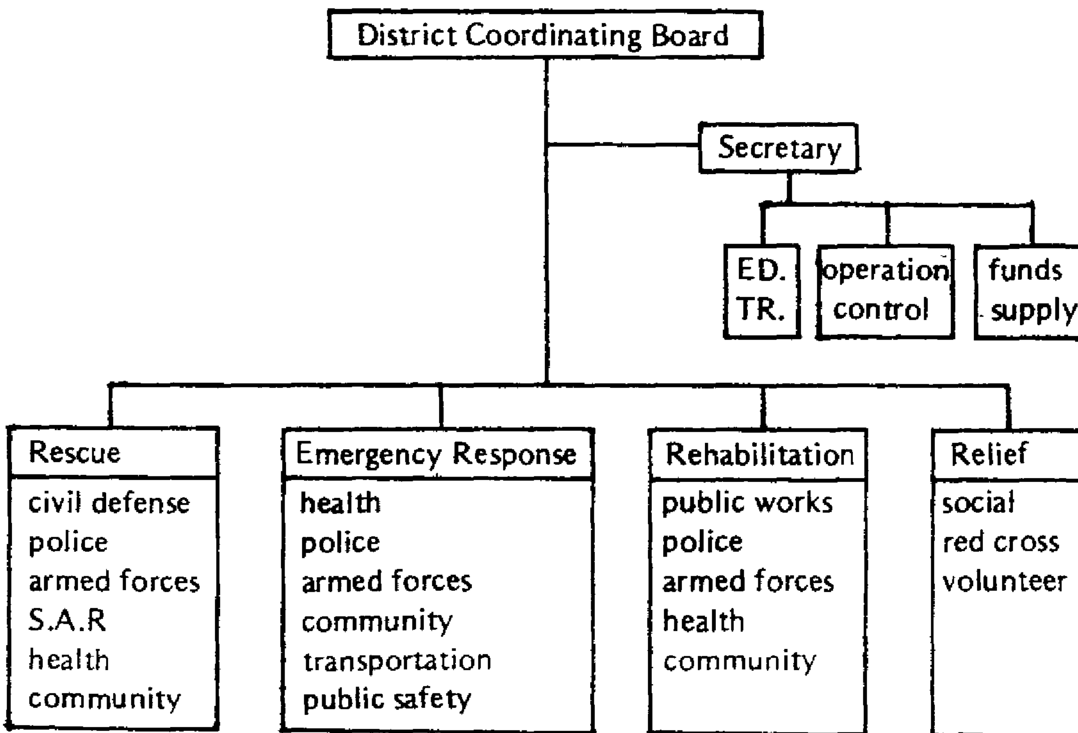
—a special inter-regional project on Health Emergency Preparedness be established by WHO to provide technical cooperation to all participating countries in cooperation and with the support of other relevant UN Agencies and Govermental and Non—Governmental Organizations.

Attachment Pt I

For Indonesia, the organization of the IDMB :







At the village level, the existing facility should be organized similarlv to the district level.