

Disaster preparedness and response

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INTRODUCTION

Most governments of countries in the developing world are struggling to cope with the health problems that confront them daily. This is particularly true of the often overwhelming health problems of vulnerable groups and communities. Ironically, these are often the very communities who are most severely affected by disaster, both because they are vulnerable and also because their capacity to respond is usually weak.

Because resources for health are limited and already overstretched, it is unlikely that governments will be able to set up systems at local level for responding to disasters which are different from those which they have in place for responding to the routine needs of such communities. This applies similarly to those non-governmental organizations who also direct their work to improve and maintain the health of vulnerable communities. If the resources that are used for responding to disasters are to contribute to sustainable development, and not merely 'fire-fight' during the crisis, they will need to work through and strengthen the existing structures, and be guided by the same philosophy and strategy, namely primary health care.

Response to disasters - a part of primary health care

The response to a disaster has to be a part of the primary health care system. Although a vertical approach may be needed at national or regional level, in the district an integrated response is essential, which builds on the existing strengths, the

collaboration between sectors, the involvement of the community and the resources of people and services. Thus the system which has to deal with daily individual disasters is strengthened through getting prepared for major community disasters.

In addition, the priority health problems which follow in the wake of many disasters such as diarrhoea, acute respiratory infections, vaccine-preventable diseases, and malaria, and the groups usually most seriously affected by disasters, for example the poor, the isolated, women and children are, or should be, a priority focus for the routine health services.

This article will focus mainly on the health sector at district level. However, it needs to be emphasized that district level disaster preparedness and response must be seen within the context of national disaster plans, and that the health sector is only one of the many sectors that will have an important role to play in planning for and responding to disasters.

BASIC PRINCIPLES AT THE DISTRICT LEVEL

Preparing for and responding to disasters is really no different from preparing for and responding to any other type of health problem:

Health problems in a disaster

- What are the important problems?
- What are the urgent needs?
- What solutions could be effective?
- What can be done in practice?

Recognize that events are unpredictable

In addition to the normal problems associated with planning and responding to health priorities, an element of chance exists in disasters, which makes planning more difficult (although chance probably also interferes more often than we care to recognize in our non-disaster planning!). Disasters are usually unpredictable and since there is a need for rapid action, decisions have to be taken quickly bearing in mind that with many disasters there is probably less of an 'emergency' than the common misconceptions would lead us to believe. Anything that can help minimize the impact of chance (eg early warning systems, hazard mapping), or which facilitates a rapid and appropriate response at a time when there is often a great deal of political, media and other pressure for immediate action (irrespective of whether or not it is really necessary or appropriate), will help to ensure that the priority problems caused by disasters are met.

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