PRINCIPLES OF EMERGENCY PREPAREDNESS AND RESPONSE

O. Elo

1. INTRODUCTION

Large-scale epidemics of communicable diseases and natural disasters such as earthquakes, volcanic eruptions, floods and cyclones as well as drought and consequent famine present a serious and ever increasing threat in many parts of the world. The death toll and the devastating effects on local and national economies are worst in the developing countries which can least afford them.

At the same time, both developed and developing countries are facing the increasing threat of man-made or technological disasters, caused by traffic, fires, explosions or by accidental release of chemical substances or nuclear contamination into the environment. War and civil strife, both directly and indirectly, also affect large populations.

The national governments and the international community are increasingly aware of the necessity of preparedness for disasters as a means of reducing their adverse effects. Through preparedness activities planning, organizing, training, communicating, educating - to provide prompt and appropriate response, WHO together with other organizations supports its Member States in preventing and tackling the adverse health consequences of both natural and man-made disasters.

The focus of WHO's programme is on developing countries. While many developed countries have been able to adjust and to introduce effective preventive measures to counter the threats or to mitigate their consequences, the developing countries face serious difficulties in introducing measures which may require considerable resources. Furthermore, the lack of infrastructure and management capacity, as well as communication and logistics problems in developing countries may aggravate the effects of disasters by preventing prompt national and international relief action.

The linkage between disasters and development is evident. Disasters often disrupt development programmes. However, a disaster may lead to the strengthening of the development programmes if, right in the aftermath, due attention is given to the rehabilitation of health infrastructures and to health development programmes.

Disasters seldom affect only health. Mostly their main adverse effects are in other sectors. In any event, the corrective action may require means not available in the health sector. Therefore, disaster preparedness and response requires a multisectoral cooperation in which only sometimes the health sector plays the leading role. WHO, both in the affected country and internationally, cooperates closely with the other UN, bilateral and non-governmental organizations to provide adequate support, particularly in the health sector.

Efficient disaster response has to be based on the existing local infrastructure and resources and integrated in the regular health programme and infrastructure. In the immediate aftermath of a disaster, community involvement is decisive.

External disaster relief has little effect or may even be counter productive if it is not adjusted to the assessed needs and local resources. Appropriateness of relief is crucial. Too often, unsolicited relief results in waste of resources.

Rapid situation assessment, adequate information on existing resources and prompt communication are prerequisites to appropriate action. Much of the required information may exist, but is not used or not readily available and needs to be organized. Also, more use could be made of studies on previous disasters and their management.

Training, research, development of training programmes and materials require collaboration with national institutions and international organizations. Sharing of experiences through technical cooperation between Member States, together with WHO and other UN or bilateral and non-governmental organizations, attempts to make the best use of limited resources and gradually strengthen the capacities of the Member States for disaster response.

It is the above aspects that the WHO programme for emergency preparedness and response is designed to address, in order to fulfill the obligations of the Organization vis-à-vis its Member States.

2. POLICY BASIS

WHO's mandate for disasters and emergencies stems from its Constitution, which states that one of the functions of the Organization shall be to furnish necessary aid in emergencies.

The guiding principles are set out in resolution WHA34.26 adopted in 1981 which stresses that, despite the undoubted importance of relief in emergencies, preventive measures and preparedness are of fundamental importance and reaffirms that the Organization should assume a leadership role in the health aspects of disaster preparedness.

More recently, resolution WHA38.29 adopted in 1985, emphasizes the necessity of an integrated response to link emergency measures with long-term development and the need to intensify WHO's technical cooperation at the country level to enable Member States to enhance their disaster preparedness.

3. OBJECTIVES

The overall objective is:

To prevent the health hazards and to reduce the adverse effects of disasters on health or health services, by strengthening national capacities for disaster preparedness and response.

The specific objectives are:

(a) to promote emergency preparedness and response in the Member States within the health for all strategies for health development;

(b) to provide timely and appropriate response to emergencies in collaboration with Member States and other organizations.

4. TARGETS

The overall target for the end of the period 1988-89 is that WHO's internal emergency coordination and communication will have been established and that in 1988-91 the most disaster-prone countries in each region are adequately supported. By the end of the Eighth General Programme of Work (1990-1995), the majority of all Member States, including all disaster-prone countries, will be supported by WHO in the main programme areas.

5. APPROACHES

(a) Strengthening of national capacities

Member States will gradually establish their disaster preparedness programmes. The key national staff will be trained in the health aspects of disaster preparedness and response. In planning and implementing preparedness activities, Member States will have access to timely, adequate and appropriate technical cooperation with WHO.

(b) Information and communication

Disaster information will be improved through efficient use of regular health information and other data sources. Disaster specific information, including rapid situation and needs assessment, and its communication between and within the Member States and WHO will be improved. Studies will be conducted on disasters and their effects on health and health services. Public information will be increased.

(c) Organizational support

The national capacities for prompt disaster response will gradually improve. External assistance will be increasingly coordinated by the recipient governments in conjunction with UN, bilateral and non-governmental organizations. WHO will assume its role among organizations of the UN system in coordinating the health sector emergency response. The technical capacities of WHO together with those of the network of collaborating centres will be fully utilized to provide support to Member States. Cooperation with other organizations will be firmly established.

6. WHO GLOBAL COORDINATION

WHO emergency preparedness and response activities in the Member States and the regional activities are coordinated within the framework of the global programme. The objectives of the medium-term programme (MTP) as well as targets and the outline of activities for 1990-95 have been approved as part of the WHO Eighth General Programme of Work. The activities for 1988-89 and 1990-91 proposed here will lead to the implementation of the MTP, depending on the funds available from external sources.

The activities of the global programme include overall coordination of the Organization's emergency preparedness and response activities and cooperation with the UN and non-governmental as well as with bilateral organizations. While the technical divisions and units of WHO are responsible for the technical contents of the activities, the Unit for Emergency Preparedness and Response (EPR) facilitates communication and exchange of information, also promoting development of activities and identification of resources.

(a) Cooperation with other organizations

WHO cooperates very closely with many UN and non-governmental organizations. The most important links today are with the following organizations:

1. UNDRO (Office of the UN Disaster Relief Co-ordinator)

UNDRO has a mandate for coordinate of international disaster relief. A Memorandum of Understanding from 1979 was revised and signed between UNDRO and WHO on 23 December 1987. WHO provides the health sector technical input, as direct advice to UNDRO at headquarters or regional level, in the Member States by the WHO Representatives and through joint missions to disaster sites or situations.

Information support and communication are among the important joint activities. Electronic communication system UNDRONET was established in 1987 and WHO has joined this network. WHO's input, including electronic bulletin boards is being planned together with UNDRO.

Joint activities include joint support to Member States in disaster preparedness planning and training. A review of the present knowledge of health in disasters and publication of a compendium is being planned.

2. UNHCR (Office of the High Commissioner for Refugees)

WHO provided a health and nutrition adviser for UNHCR headquarters until UNHCR established posts for the purpose in 1987. Close cooperation continues, to ensure that common health policies are followed in refugee health operations. A Memorandum of Understanding signed on 23 December 1987 provides a framework for cooperation between UNHCR and WHO.

Joint activities in the past included provision of health coordinators by WHO for the refugee health programmes in Somalia, Thailand, Pakistan, and today in Islamic Republic of Iran. In Sudan, a close cooperation is maintained and joint activities planned. In Malawi, Pakistan and Somalia, technical advice is given for specific health problems.

Guidelines and manuals for emergency and refugee health operations are being developed, e.g. in nutrition, mental health, sanitation, epidemiological surveillance and training. Some specific diseases are subject to development of joint control efforts, such as schistosomiasis and cholera.

3. UNICEF

Increasing cooperation with UNICEF takes place in the disaster situations, where the organizations attempt to complement each other's capacities and avoid duplication. In the same spirit, constant communication has been established at headquarters and regional level.

4. Other UN organizations

WHO provides the health sector direction to UNRWA through the secondment of the Director for Health Services to UNRWA. Sectoral cooperation takes place, for example with FAO, ILO, UNEP and WFP.

5. Red Cross

The League of Red Cross and Red Crescent Societies (LRCRCS) and the International Committee of the Red Cross (ICRC) are in official relations with WHO. Letters of understanding, outlining areas of joint interests and areas of activity were signed with both organizations in 1987 Joint activities include an annual training course for middle-level managers organized together with ICRC and the University of Geneva.

(b) Collaborating centres

A network of collaborating centres for disaster preparedness is being expanded for the overall programme support. This far, the collaborating centres have been in the developed countries. Gradually, such centres will be identified in developing countries where they should become sources of support for the national programmes and also facilitate technical cooperation between developing countries.