



WHO/MS. Barton

A WHO
physician
oversees
deliveries
of emergency
drugs and
supplies in
former
Yugoslavia.

Local communities bear the brunt

WHO is actively engaged in relief operations in more than 30 countries, including former Yugoslavia, the Horn of Africa, southern Africa and Afghanistan, but also in the prevention of and preparedness for the health effects of emergencies. International aid for disasters seldom exceeds an estimated 4% of losses. When earthquakes, floods and other disasters suddenly strike, there is usually a lapse of about 72 hours before international assistance arrives. It is the local community that faces the brunt of such disasters – and must cope with their impact long afterwards. That is why WHO believes it is vital for countries to build up their own capacities to cope with emergencies.

In the Asia and Pacific area, for instance, the frequency of disasters has nearly quadrupled in the last 30 years, threatening lives and property, and endangering future social and economic prospects. The continued population and economic growth expected in the region provide the potential for more frequent and more severe emergencies. □

determine the natural and man-made hazards that may threaten them and to chart them on maps indicating their probable frequency, the sites of key community buildings, location of chemical and nuclear plants and so on. Countries are encouraged to make an inventory, regularly updated, of their health infrastructure and resources. This

information is relayed through national coordinating committees responsible for rapidly mobilizing people and resources in an emergency and for managing post-disaster assistance.

Counter-disaster planning is a continuing process to be carried out at all levels and within all sectors. Specific plans need be developed to deal with specific disasters, and the plans ought to be reviewed and updated after each actual disaster or simulation exercise. Hospitals and clinics will make their own plans, including mobilizing medical stocks and frequently running exercises to test efficiency. Public information is important; communities that are well-informed about hazards are better equipped to cope with emergencies when they occur.

WHO develops and publishes emergency preparedness standards and guidelines, and also arranges training workshops and seminars in health emergency mitigation, preparedness and response, as well as national workshops in disaster-prone countries. Training courses are often conducted in tandem with other UN agencies or such bodies as the International Federation of Red Cross and Red Crescent Societies or the UN Department for Humanitarian Affairs (DHA).

“Health and Development for Displaced Populations” is an example of a strategic programme testing new approaches to fulfilling the health needs of displaced groups and the communities that host them. Known as HEDIP, this WHO-sponsored programme targets all vulnerable groups sharing risks due to massive population displacement, including refugees, returnees, displaced and host populations. In particular, it emphasizes the need for community-based solutions and the strengthening of local capabilities and infrastructure.

The WHO/AMRO Supply Management Programme (SUMA) is developing software and training so that member countries can efficiently sort supplies in emergencies, through such measures as monitoring the quantity and quality of health supplies, improving distribution and introducing proper labelling. □