



INDEX

Consultative Group on Programme Development

Copenhagen, 21-22 April 1983

LCP/GPD 001(7)/9
1126D
28 March 1983
ORIGINAL: ENGLISH

WHO/EURO PERSPECTIVES ON ASSISTANCE TO MEMBER STATES
FACING HEALTH PROBLEMS FROM NATURAL DISASTERS

Handwritten notes:
Tasas for planning
Red members
W.H.O. - 1983-1985

SUMMARY

The Mediterranean basin is one of the areas most exposed to the risk of natural disaster. Their periodic recurrence and the great damage inflicted, in human and economic terms, call for active preparedness, both on the part of the governments and the intergovernmental organizations, especially those in the UN system. This growing sense of awareness, proved by the frequent meetings on the subject organized at national and international level, calls for organizations such as the World Health Organization to be prepared to play the part demanded of them by their constitutions. Important in this context is resolution WHA34.26 of the World Health Assembly, which in May 1981 requested the WHO Director-General to strengthen the Organization's capacity "with a view to promoting the development of approaches to the prevention of adverse health effects of disasters, when possible, and the preparedness of Member States to deal with disasters [and] to participate in the coordination of aid".

This document outlines ways in which the Regional Office for Europe can strengthen its capacity to meet demands from disaster-stricken Member States and enable them to achieve the required preparedness to minimize the adverse effects of disasters on health.

1. Background

Earthquakes, volcanic eruptions, tidal waves, sudden and destructive changes in weather or climate, and other similar events are natural and recurring phenomena. They can turn into catastrophe when man or his socioeconomic environment are affected. The scale of a catastrophe and its consequences depends on a community's ability to master its own environment, to face hardship, to reorganize basic services amid devastation and, last but not least, on its preparedness for facing natural disasters. Communities with a higher degree of social development and organization should therefore suffer far less from the ravages of a disaster than those with a less sophisticated degree of socioeconomic development and organization.

During the last two decades, the world has become increasingly alarmed by disasters, which wreak more and more havoc as they affect larger and larger concentrations of population. It is also now realized that disasters, in particular natural catastrophes, are a threat to economic and social development, especially in developing countries. This has meant that the effects of natural phenomena leading to disasters must be viewed not only broadly in humanitarian and social terms, but also in economic ones. While the response of the international community has in the past been

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization Regional Office for Europe. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation du Bureau régional de l'Europe de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

Dieses Dokument erscheint nicht als formelle Veröffentlichung. Es darf nur mit Genehmigung des Regionalbüros für Europa der Weltgesundheitsorganisation besprochen, in Kurzfassung gebracht oder zitiert werden. Beiträge, die mit Namensunterschrift erscheinen, geben ausschließlich die Meinung des Autors wieder.

Настоящий документ не является официальной публикацией. Не разрешается рецензировать, аннотировать или цитировать этот документ без согласия Европейского регионального бюро Всемирной организации здравоохранения. Всю ответственность за взгляды, выраженные в подписанных авторами статьях, несут сами авторы.

focussed primarily on relief, it is now realized that the actual and potential consequences of disasters are so serious that much greater emphasis will have to be given to planning for and preventing the consequences. On the other hand, there is a growing awareness by governments of the need to pay more attention to disaster preparedness and prevention, and to recognize the fact that disaster prevention and pre-disaster planning should be an integral part of national policies and programmes.

The ever-increasing need felt by the international community to assist and participate in disaster relief operations led the United Nations General Assembly, in 1971, to establish the Office of the UN Disaster Relief Co-ordinator (UNDRO) whose main objective is to mobilize, direct and coordinate the relief activities of the various agencies of the UN system in response to requests from a stricken Member State, to coordinate UN assistance with that given by IGOs and NGOs, and also to ensure disaster preparedness. Within the UN system, WHO is the focal point for all health matters related to emergency relief and disaster preparedness and in practice WHO acts as technical adviser to UNDRO. Normally the UN representative is also the UNDRO representative in a country, but of course in several European countries concerned there is no UN representative. The regional offices of WHO may, of course, as part of their institutional responsibilities negotiate directly with Member States in their Region to provide assistance to and technical cooperation when disasters occur, especially when these could cause a severe public health threat for the country or its neighbours.

In compliance with its Constitution,^a WHO has in the past given ad hoc assistance to Member States whenever requested at times of emergencies and disasters. In January 1973, the Executive Board of WHO requested the WHO Director-General to take massive action in response to a UN/ECOSOC appeal to mobilize the UN system to assist the Nicaraguan Government in planning and carrying out reconstruction after the Managua earthquake of 1972. The growing demand from Member States for assistance in emergencies and disasters led WHO headquarters, in 1974, to organize an ad hoc unit to deal with emergency relief operations (ERO/HQ). Through its resolution WHA34.26, in 1981, the World Health Assembly requested the Director-General to strengthen the Organization's capacity "with a view to promoting the development of approaches to the prevention of adverse health effects of disasters, when possible, and the preparedness of Member States to deal with disasters [and] to participate in the coordination of aid".

2. Recent experience of the European Region of WHO in disaster relief operations

Pursuant to the WHO Constitution and, particularly in the light of resolution WHA34.26, the WHO Regional Office for Europe has stepped up its assistance to Member States hit by natural disasters and in cooperating with other organizations in mobilizing such assistance. This has mostly happened in connection with earthquakes, but also after floods. Assistance was also provided to combat an outbreak of malaria in Turkey in 1977 which threatened reintroduction of this scourge into European countries where the disease had already been eradicated.

The on-the-spot observations made by representatives of the Regional Office immediately after the El Asnam earthquake of October 1980 in Algeria and those on the occasion of the earthquakes that struck large areas of central/southern Italy in November 1980 contributed to the formulation of new ideas as to the ideal shape to be taken by WHO/EURO assistance to Member States, as to how WHO's participation in international cooperation and coordination could be improved, and as to how preparedness for facing the effects of disasters on health at country level could be made better and more systematic.

The outcome of the Algerian experience was that, as all post-impact first-aid and relief operations had been conducted successfully by the national authorities, the most urgent task was to cater for the health needs of the survivors who were expected to have to inhabit tent camps or other temporary shelters, most likely for a considerable time and possibly even running into years. To this end and with the agreement of the Algerian Government, WHO/EURO developed plans and designs for polyclinic and health centre prototypes for the surviving population. The plans provided for the buildings to be made from prefabricated material designed in such a way that they might eventually be reshaped as part of reconstruction to make larger buildings of a more permanent nature, e.g. hospital wards, school rooms or other buildings of public interest. Once the designs and plans for a polyclinic and five health centres were approved by the Government, WHO/EURO identified an intergovernmental organization, the European Community, as being interested in giving financial support to the project, as well as an experienced firm of international repute capable of producing and erecting on the spot the buildings in question.

^a Articles 2(d), 28(i) and 58 of the WHO Constitution deal with matters relating to WHO aid to Member States affected by emergencies.

The observations on the disaster in the Irpinia area of southern Italy, its complexity and its magnitude, the survival problems of the population affected and the frequency with which such disasters occur lead to the conclusion that preparedness and efficient coordination between national and external aid are a sine qua non for obtaining satisfactory results.

3. Disaster preparedness and outlook in the European Region of WHO

The experience of the El Asnam and Irpinia disasters prompted WHO/EURO to analyse similar future problems from a different angle, i.e. with more stress on methodical and long-term planning for health preparedness at all country and intercountry levels, based on the evidence of case studies and other preparatory investigations and on a rethinking of how WHO/EURO could best help countries when a disaster strikes. A key element in this was the recognition that:

- (a) post-impact relief measures, to be effective, must be immediate and must be a local and national responsibility; therefore, no truly efficient immediate international aid can be expected for first-aid operations;
- (b) medical supplies and equipment are always generously contributed, very often spontaneously, by supply agencies, donor countries and bilateral aid, even beyond actual needs; in this connection, a strong need is felt for the early coordination of external aid by a competent and authoritative agency to avoid duplication, redundancy and waste;
- (c) even though a lot is contributed by the international community under the emotional impact of news of a disaster, little is given or done, even by national authorities, for the medium- and long-term health needs of the surviving population.

For these reasons it was decided to organize an international workshop to be attended by health workers who were on the spot when a major disaster occurred in their own country. It was thought that their experience was unique and nobody else could better make suggestions to avoid the repetition of unfortunate mistakes or make proposals for a better handling of such situations. Such a workshop took place in Rabat (November 1981), where 55 participants gathered together, representing 13 Mediterranean countries and 5 international organizations.

The importance of the Rabat workshop (the first of its kind organized by a WHO regional office in response to resolution WHA34.26), stems from the five subgroups organized during the workshop, which, reflecting real situations and an experience that can hardly be repeated, consisted of those who:

- were on the spot during an earthquake and were able to observe the needs and the reactions of the population during and immediately after the disaster;
- although not on the spot, were responsible for taking immediate emergency action, for example at provincial level where the first appeal for assistance was received;
- were, at national central level, responsible for overall coordination of relief aid, both national and external, e.g. health ministry, national Red Cross or Red Crescent societies;
- came to the disaster area with relief operation teams immediately after the impact;
- were responsible for external aid from an international organization.

The Rabat workshop was explicit in stating that post-impact first-aid and immediate relief operations, to be effective, had to be completed during the first three to four days and, therefore, had to be the sole responsibility of the national authorities at the time of the disaster. The same workshop stressed the role of the international organizations and, in particular, the tasks WHO should undertake to prepare activities for the health and social benefit of populations surviving a catastrophe. In a nutshell, these were:

- to conduct studies in countries at risk within the Region to ascertain the measures that could be taken by international organizations without delay, even on the basis of uncertain information, and those for which it would definitely be preferable to obtain additional information, even if this caused some delay;
- to study the possibility of making immediately available specialized personnel to assist a stricken country in making rapid assessments of the health aspects and in analysing data and information on losses and damage, with a view to using the results for planning rehabilitation activities to be supported by external aid;

- to prepare and update a regional roster of experts from which persons might be selected at short notice to act as such advisers either in a "consultative group" or in an individual capacity;
- to help coordinate external aid in the health field provided by IGOs and NGOs and, if possible, also by bilateral sources;
- to design and make operational a system of international cooperation which could be available to all countries at risk in the Region, would be on constant alert and could be immediately mobilized;
- to help clarify and define, from a health point of view for the benefit of the Member States at risk, the responsibilities of LICROSS, the other IGOs and NGOs having an interest in disaster relief and rehabilitation, thus identifying the extent and type of aid such organizations may lend;
- to organize and sponsor courses for the training of public health administrators and other health workers in matters related to disaster preparedness and to face health problems related to disasters;
- to prepare guidelines for countries at risk, setting out the activities to be performed by the primary health services, the preventive measures to be taken by communities and the instructions to be followed by health staff at all levels.

As in human pathology, there are no two patients alike, although they may suffer from the same disease; the same can be said of countries and catastrophes. The problem becomes even more complex if one considers that "in many cases a natural disaster is in fact a man-made disaster, brought on by the mismanagement of the response to the natural phenomenon".^a

In line with the concept of preparedness the WHO Regional Office for Europe has already reorganized its internal administrative and technical routines, based on recent experience and on the Rabat workshop recommendations, in order to discharge its institutional responsibilities in lending assistance to disaster-stricken countries in the Region. These have been outlined in an "annotated flow chart of actions" and a manual. In line with the same "preparedness" concept, the Regional Office is currently producing a guidebook, for use by national authorities, on the responsibilities to be discharged by the primary health care services in disaster risk areas.

WHO/EURO is also planning activities aimed at setting out criteria and indicators for assessing health problems arising from disasters. Furthermore, it is taking steps to train an interdisciplinary corps of experts who could, at short notice, help stricken countries to assess disaster situations, including cooperation in planning the health aspects of a programme for the rehabilitation of surviving populations, to be established with the assistance of international aid. These activities will be over and above what has already been included in the 1984-85 programme budget document.

It is felt that, by doing so, the Region will be able:

- (a) to assist disaster-prone countries to establish a careful and tailor-made preparedness plan;
- (b) to offer stricken Member States suitable aid based on the experience acquired in those countries where disasters have occurred; and
- (c) to coordinate the external aid provided by IGOs and NGOs.

In these days when financial and other resources are restricted, the new approaches described above would seem more rational, both in humanitarian and economic terms.

4. Conclusions

The current trend for IGOs, especially those in the UN system where, since 1971, UNDRO has played a central role, is to be active in assisting Member States stricken by disaster. It would seem important in this context for WHO/EURO to consider technical cooperation with stricken Member States in:

^a Quoted from Model rules for disaster relief operations, UNITAR, 1982.

- (a) organization of emergency medical services for immediate treatment to be provided by locality or country;
- (b) assessing on the spot the extent of a catastrophe on health conditions and how the surviving population is affected;
- (c) assisting in planning the type of aid best suited for the immediate relief of unsatisfactory health situations among surviving populations and in preparing medium- and long-term plans for restoring the basic health infrastructure to satisfactory conditions;
- (d) securing the implementation of these plans by mobilizing the participation of the international community, also with financial support if required.

To this effect WHO/EURO intends, in close consultation with and as part of the overall responsibility of UNDRO, to:

- make guidelines available to all Member States at risk, to be used by the workers in primary health care, other health areas, and other health-related agencies, setting out the activities required for a satisfactory state of preparedness for dealing with health problems, including immediate care, that arise from natural disasters;
- organize regional courses for the training of national public health administrators, health workers and health related personnel with the objective of enhancing the status of preparedness of countries at risk;
- develop models for the training at national level of workers in health and related spheres in matters connected with health problems arising from disasters and their logistics;
- establish indices and indicators for the rapid assessment of adverse health situations arising from natural catastrophes with a view to protecting the surviving population from additional and unnecessary health risks;
- develop administrative and technical procedures and have them accepted by all parties concerned through which WHO/EURO may efficiently discharge its role of coordinating external aid originating from IGOs and NGOs;
- disseminate, for the use of IGOs, NGOs and Member States at risk, all relevant information conducive to a better state of health preparedness for dealing with disasters;
- enter into working relations with collaborating centres for the design and development of plans and relevant material needed to prepare functional pre-fabricated and other structures;
- participate, on request by the Member States, in developing national plans on the health and social effects of natural catastrophes.

WHO/EURO also proposes to strengthen its potential and capability in order to be able, when the news of a major disaster in a Member State is confirmed, to:

- make available experienced personnel for the rapid assessment of damage, particularly where the damage affects the health conditions of survivors and for assisting the national authorities in planning relief aid and rehabilitation activities;
- establish an adequate mechanism, as part of the overall UNDRO plan if applicable, and also at country level if required, for the effective coordination of external aid to avoid duplication of effort, redundancy and waste of commodities;
- assist disaster-stricken Member States in preparing plans for the reconstruction of an adequate health network and in implementing them by mobilizing support from the international community, when this should prove necessary.

By implementing the above, WHO/EURO will be able to discharge its institutional responsibilities in compliance with the WHO Constitution and WHO resolution WHA34.26 (May 1981) and to perform its tasks as one of the international organizations selected as a focal point.