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Health action in relation to crises and disasters

WHO Conference on Health Aspects of the Tsunami Disaster in Asia (Phuket, Thailand, 4 to 6 May 2005): Summary report

INTRODUCTION

1. WHO's Secretariat, in cooperation with the Government of Thailand, with additional support from the Government of Italy, organized an expert-level Conference on the Health Aspects of the Tsunami Disaster in Asia (Phuket, Thailand, 4 to 6 May 2005) in order to identify lessons learnt from the response to the tsunamis and earthquakes of December 2004, and to consider ways in which future national and international health response to disasters and recovery arrangements could be rendered more effective. Some 400 participants – many from tsunami-affected nations in Asia – were drawn from national governments, United Nations agencies, nongovernmental organizations, civil society groups, the commercial private sector, the armed forces, academic institutions and from countries that have been providing assistance. They reviewed their experience with post-tsunami relief and recovery, revealing several positive achievements, although there is scope for improvement in health aspects of disaster response and recovery.

MAIN CONCLUSIONS OF THE CONFERENCE

2. **Developing national capacity for disaster preparedness, risk management and vulnerability reduction.** Communities that had faced disasters in the past and developed coping mechanisms were more resilient and faced less loss of life as a result of the tsunamis. Community bodies and national agencies that had established emergency and disaster response plans, and had undergone regular practice drills, reacted to the tsunami more promptly, and were better coordinated. National and international health agencies with previous experience in emergencies had predefined procedures and systems, and were more prepared to respond to the disaster. Where governments had preparedness capacity, health sector responses tended to be better and the restoration of normality to health sector operations was more rapid.

3. The prompt deployment of military logistic capabilities was reported to have hastened and facilitated delivery of assistance, especially in hard-to-reach areas, and enhanced the likelihood of survival. National and international preparedness helped countries to prevent disease outbreaks through the early establishment of surveillance, early warning, and alert and response systems. The efforts of national governments and concerned groups were well supported by the Global Outbreak Alert and Response Network, WHO country and regional offices and other experienced groups.

4. Reviews also revealed that in south Asia, millions of people continue to live in hazard-prone areas without adequate infrastructure to reduce vulnerability. Communities affected by the tsunamis of December 2004 lacked disaster early-warning and alert systems, evacuation procedures, and health-system response plans. Mechanisms for managing the logistics of disaster response, including customs clearance, warehousing and contingency plans for distributing supplies and drugs, were not adequate. Key health facilities were destroyed, yet some buildings could have survived had they been constructed to higher standards based on local hazard analysis. The speed of the health response was uneven and existing services were overburdened with a sudden influx of injured. Unnecessary anxiety over the rapid disposal of bodies of the deceased distracted health-care staff who could have been better deployed to attend to the living.

5. **Management and coordination of public health in disasters.** A well-prepared health sector and strong physical infrastructure have the potential to mitigate the impact of disasters, and to provide a platform for rapid, effective response. The health sector has the key task of informing the public, opinion-formers and legislators on ways to assess health risks, to prepare for, and cope with, disaster, and to understand truths and myths about the health consequences of disasters. A prepared health sector can mitigate the impact of disasters by reducing avoidable deaths, injuries and illnesses; anticipating population displacements; establishing disease-surveillance systems; managing and preventing psychological and psychosocial problems; foreseeing food shortages and nutritional deficiencies; monitoring diseases from environmental health-hazards; preventing damage to health facilities and other infrastructure; and anticipating and minimizing disruption to routine health services. The needs of women in disasters and crises requires much more specific, intense, and urgent attention.

6. The impact of health interventions in disaster response is greatly enhanced if that response is led in a focused and consistent manner, if coordination is reliable and leads to joint action between different bodies, and if agreed operating procedures are followed by all. The United Nations system has a key role in making such coordinated action happen.

7. **Benchmarks and standards.** Particular areas for attention include credible and unified assessments of population-based needs based on agreed standards and methods; development of effective – and shared – supply systems and logistics; and effective population-based monitoring of the coverage and impact of relief and recovery programmes.

8. **Roles of voluntary bodies, the Red Cross and Red Crescent Movement, and the commercial private sector in preparedness and response.** Clearer procedures are needed for the effective and sustained collaboration between voluntary groups, the Red Cross and Red Crescent Movement, and the commercial private sector on the one hand, and public-sector entities on the other, during disaster preparedness, response and recovery. Similar clarity would be useful both within disaster-prone or affected communities, and at international level.

9. Experience from the tsunamis has shown that communities need assistance that addresses their basic needs – shelter, water, sanitation, food and nutrition, means of livelihood, security, health care and education – for months after a major disaster, until all affected persons are fully enabled to rebuild their lives. Collaboration should therefore remain strong and focused well after the phase of acute relief has ended. Conference deliberations revealed that if the different groups work together on advance plans, agree on operating procedures and share training opportunities, they are better able to undertake joint, prompt and effective action when a disaster response is needed.

10. Despite positive experiences of collaboration, concerns remain about the motives of different voluntary and private-sector entities that contribute to the relief effort. There is a need to ensure that

all partners seek to comply with agreed national policies and demonstrate both neutrality and integrity as they undertake their work. Although most entities make a valuable contribution, many participants concluded that, in view of the potentially serious policy implications of these partnerships, clear principles were needed on the engagement of the private and public sectors in health aspects of disaster work in any country. These principles could be drawn up at times when no major disaster work was under way.

11. **Government donor funding: policies and practices.** Conference participants called for systematic approaches to assessment of needs and management of disaster responses; joint preparation by different stakeholders of new guidance to address such specific issues as psychological trauma, forensic medicine, management of mass casualties, and special needs of women; improved involvement of the media, private sector, nongovernmental organizations and civil society in disaster response; and better cooperation between the armed forces and civilian groups. These efforts all depend on the provision of additional resources. Bilateral donor agencies and their personnel are therefore of critical importance in supporting improvement of national preparedness and response, as better funding arrangements will reduce competition between recipient groups. Stronger donor involvement will help recipient groups to appreciate donor priorities and the importance of transparency and accountability in use of resources and achievement of results. At the same time, donor efforts need to be underpinned by the principles of good donorship.

12. The goal of effective and efficient health disaster response is to reduce avoidable mortality and morbidity among affected populations and to facilitate rapid recovery. At the heart of this challenge is the development of national capacity for health-sector disaster preparedness, risk management and vulnerability reduction.

13. **Military/civilian cooperation in health aspects of disaster response.** Participants appreciated reports of the positive response to the needs of communities affected by the tsunamis when civilian assistance-agencies were supported by the armed forces. The military capabilities of 30 countries were linked to the United Nations system through civilian-military liaison cells.

14. The deployment of national military assets in disaster relief is not unusual. However, international cooperation with armed forces in provision of humanitarian assistance is often ad hoc. Participants proposed that civilian authorities should take responsibility for specifying the requirements for military logistic, transport, and other practical assistance. They also advocated careful exploratory work to enable military forces and humanitarian agencies to understand each others' motives (and concerns) which would help them agree on procedures through which they can work together effectively when disasters strike.

15. **Working with local, national and international media.** Media and communication professionals play a crucial role in humanitarian crises, when information is most needed by those whose lives and survival are at stake, and those in governments and donor organizations who make decisions on their behalf. Journalists are often the only source of information and analysis at the initial, and critical, stages of a crisis. Local and community media, particularly radio, provide essential public-health messages to communities about ways to improve their chance of survival.

16. Immediately after the tsunamis many journalists perceived that population-based information about health risks was scarce. As a result, critical issues such as psychosocial trauma and mental illness, diarrhoea and malaria risks, and women's ill-health, received media coverage that was not proportionate to their public-health importance. On some of these issues, decision-makers – who tend to rely on the international media for up-to-date information – were relatively uninformed. Increased

investment in building effective relations between humanitarian agencies and the media is clearly needed, including analyses of health interventions that did or did not work.

A COMMITMENT TO ACT

17. WHO is committed to providing support to Member States and their health professionals as they apply lessons learnt from experience of the tsunami disaster. This support will be provided through WHO country and regional offices, headquarters and collaborating centres. Information will subsequently be provided to the governing bodies on ways in which the conclusions of this Conference are being taken into account at both national and international levels, particularly where specific actions have been requested.

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