



# WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY

(Draft) A58/49  
19 May 2005

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## First report of Committee A

(Draft)

On the proposal of the Committee on Nominations,<sup>1</sup> Dr Hetherwick Ntaba (Malawi) and Pehin Dato Abu Bakar Apong (Brunei Darussalam) were elected Vice-Chairmen, and Dr Ray Busuttil (Malta) Rapporteur.

Committee A held its first, second, third and fourth meetings on 17 and 18 May 2005 under the chairmanship of Dr Bijan Sadrizadeh (Islamic Republic of Iran).

It was decided to recommend to the Fifty-eighth World Health Assembly the adoption of the attached resolution entitled “Health action in relation to crises and disasters, with particular emphasis on the south Asian earthquakes and tsunamis of 26 December 2004” relating to the following agenda item:

13. Technical and health matters

13.3 Health action in relation to crises and disasters

One resolution

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<sup>1</sup> Document A58/48.

### Agenda item 13.3

#### **Health action in relation to crises and disasters, with particular emphasis on the south Asian earthquakes and tsunamis of 26 December 2004**

The Fifty-eighth World Health Assembly,

Regretting the profound human consequences of the earthquakes and tsunamis that on 26 December 2004 struck many countries, from south-east Asia to east Africa, causing an estimated 280 000 deaths, with thousands more still missing, injuring as many as half a million people, and making at least five million people homeless and/or deprived of adequate access to safe drinking-water, sanitation, food or health services;

Noting that citizens of more than 30 countries were affected by the disaster, and that those who died included many health professionals;

Acknowledging that most relief assistance has initially been, and will continue to be, provided from within affected communities and through local authorities, supported through intense international cooperation, and expecting that these communities will continue to experience serious difficulties as a result of the loss of their means of livelihood, overloading of health and social services, and both immediate and long-term psychological trauma;

Recognizing that action to address the public health aspects of crises should at all times strengthen the ingenuity and resilience of communities, the capacities of local authorities, the preparedness of health systems, and the ability of national authorities and civil society to provide prompt and coordinated back-up geared to the survival of those immediately affected;

Appreciating the generous assistance provided to the affected nations by governments, nongovernmental groups, individuals, and national public-health institutions, including through the Global Outbreak Alert and Response Network;

Acknowledging the difficulties faced by under-resourced local health systems in locating missing persons, identifying those who have died, and managing the bodies of the deceased;

Recognizing the challenges faced by overwhelmed local authorities as they coordinate the relief effort, including personnel and goods generously made available as a result of both national and international solidarity;

Noting that the effectiveness with which affected nations respond to sudden events of this scale reflects their preparedness and readiness for focused and concerted action, particularly in relation to saving life and sustaining survival;

Recalling that more than 30 countries worldwide are currently facing major, often long-standing crises, with as many as 500 million persons at risk because they face a variety of avoidable threats to their survival and well-being, and that around 20 other countries are at high risk of serious natural or man-made events, increasing the number of persons at risk to between 2000 million and 3000 million;

Appreciating that analyses of health needs and performance of health systems, within the context of national policies and internationally agreed development goals, including those contained in the United Nations Millennium Declaration, are essential for the proper rehabilitation and recovery of equitable individual and public health services, and that this task is best undertaken if there are clear synergies between preparedness and response;

Reaffirming the need to build local capacity to assess risks, and to prepare for, and respond to, any future catastrophe, including by providing continuous public education, dispelling myths about health consequences of disasters, and reducing the risk of disaster damage in critical health facilities;

Recognizing that improvement of social and economic circumstances of the most disadvantaged countries is a preventive action that reduces the risk of crises and disasters and their consequences;

Taking into account the outcomes of the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18 to 22 January 2005),

1. CALLS UPON the international community to continue, in response to countries' request, its strong and long-term support to areas affected by the tsunamis of 26 December 2004, and to give similar attention to the needs of people affected by other humanitarian crises;

2. URGES Member States:

(1) to provide adequate backing to tsunami-affected countries and all other Member States affected by crises and disasters for the sustainable recovery of their health and social systems;

(2) to pay particular attention to mental health needs and establishment of service-delivery models in their health and social systems;

(3) to make their best efforts to engage actively in the collective measures to establish global and regional preparedness plans that integrate risk-reduction planning into the health sector and build up capacity to respond to health-related crises;

(4) to formulate, on the basis of risk mapping, national emergency-preparedness plans that give due attention to public health, including health infrastructure, and to the roles of the health sector in crises, in order to improve the effectiveness of responses to crises and of contributions to the recovery of health systems;

(5) to ensure that women and men have equal access to both formal and informal education on emergency preparedness and disaster reduction through early warning systems that empower women, as well as men, to react in timely and appropriate ways, and that appropriate education and response options are also made available to all children;

(6) to pay particular attention to gender-based violence as an increasing concern during crises, and to provide appropriate support to those affected;

(7) to ensure that – in times of crisis – all affected populations, including displaced persons, have equitable access to essential health care, focusing on saving those whose lives are endangered, and sustaining the lives of those who have survived, and paying particular attention to the specific needs of women and children, older people, and persons with acute physical and psychological trauma, communicable diseases, chronic illnesses, or disability;

(8) to provide support for a review, within the Proposed programme budget 2006-2007, of WHO's actions in relation to crises and disasters, in order to allow for immediate, timely, adequate, sufficient and sustained interventions, and to consider increasing contributions in order to ensure adequate financing of significant WHO actions and interventions before, during and after crises;

(9) to protect national and international personnel involved in improving health of crisis-affected communities, and to ensure that they receive the necessary back-up to undertake urgent and necessary humanitarian action and relief of suffering – to the greatest possible extent – when lives are endangered;

(10) to strengthen information systems and to improve collaboration with national and international media in order to ensure the availability of accurate and up-to-date information;

(11) to enhance international solidarity and to identify mechanisms for joint cooperation in the development of emergency preparedness and response strategies;

(12) to consider improving existing intergovernmental mechanisms for humanitarian assistance and possible additional mechanisms and modalities for the rapid availability of resources in the event of disasters, so as to allow for prompt and effective response;

3. REQUESTS the Director-General:

(1) to intensify WHO support for tsunami-affected Member States and all other Member States affected by crises and disasters as they focus on effective disease-surveillance systems, and improved access to clean water, sanitation, safe foodstuffs, good quality essential medicines and health care, particularly for mental health, providing necessary technical guidance, including that on management of bodies of the deceased and avoidance of communicable diseases, and ensuring prompt and accurate communication of information;

(2) actively, and in a timely manner, to provide accurate information to international and local media to counter rumours in order to prevent public panic, conflicts, and other social and economic impacts;

(3) to pay particular attention to providing support to Member States for establishment of service-delivery models in their health and social systems;

(4) to encourage cooperation of WHO's field activities with those of other international organizations, with the support of donor agencies, so as to help governments of countries affected by the tsunamis to coordinate responses to public health challenges, under the aegis of the United Nations Office for the Coordination of Humanitarian Affairs, and to plan and implement the rapid and sustainable rehabilitation of health systems and services, and to report to the Health Assembly on the progress of such cooperation;

(5) to assist in the design of health aspects of programmes that provide support to persons whose lives and livelihoods have been affected by the tsunamis, and of the services needed to address their physical and mental trauma;

- (6) to adapt, redesign where necessary, and secure adequate resources for effective work in the area of emergency preparedness and response, and other areas of work involved in the Organization-wide response to crises;
- (7) to enhance WHO's capacity to provide support, within the coordination mechanisms of the United Nations system and of other institutions, particularly the International Red Cross and Red Crescent Movement, for formulating, testing and implementing health-related emergency preparedness plans, responding to the critical health needs of people in crisis conditions, and planning and implementing sustainable recovery after a crisis;
- (8) to establish clear lines of command within WHO in order to facilitate rapid and effective responses in the initial stages of an emergency, and to communicate those arrangements clearly to Member States and other partners in the United Nations system;
- (9) to mobilize WHO's own health expertise, to increase its ability to locate outside expertise, to facilitate effective collaboration between local and international expertise, to ensure that knowledge and skills are updated and relevant and to make this expertise available in order to provide prompt and appropriate technical support to both international and national health disaster preparedness, response, mitigation and risk-reduction programmes;
- (10) to foster WHO's continued and active cooperation with the International Strategy for Disaster Reduction, thereby ensuring adequate emphasis on health-related concerns in the implementation of the outcomes of the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18-22 January 2005);
- (11) to ensure that WHO helps all relevant groups concerned with preparation for, response to, and recovery after, disasters and crises through timely and reliable assessments of suffering and threats to survival, using morbidity and mortality data; coordination of health-related action in ways that reflect these assessments; identification of, and action to, fill gaps that threaten health outcomes; and building of local and national capacities, including transfer of expertise, experience and technologies, among Member States, with adequate attention to the links between relief and reconstruction;
- (12) to strengthen existing logistics services within WHO's mandate, in close coordination with other humanitarian agencies, so that the necessary operational capacity may be available for Member States to receive prompt and timely assistance when faced with public health crises;
- (13) to develop models and guidelines for rapid health-impact assessments after crises, in order to assure appropriate, timely and effective response to affected communities;
- (14) to inform the Fifty-ninth World Health Assembly, through the Executive Board, of progress made in the fulfilment of this resolution.

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